Faces of HIV

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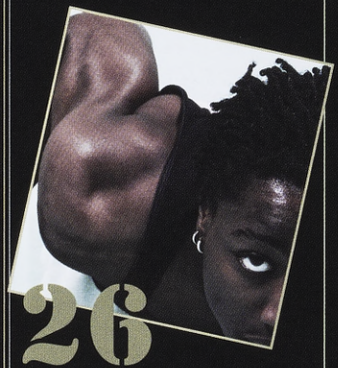

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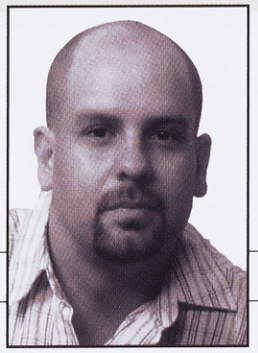
From the Publisher

Jeffry Davis



REALITY

As we celebrate our one-year anniversary as a magazine, I am reminded of the battles we have faced, the many issues we have covered and the growth of our community. But more importantly I am reminded of the friends and family we have lost over the years to HIV/AIDS. So in honor of those lost, and those who continue to fight the battle against this devastating disease, I have chosen to dedicate our anniversary edition to each and every one of them. It is both my personal and professional goal to assist those who fight this battle on a daily basis.

As you turn the pages of this issue you will be introduced to a set of very brave individuals who have decided to share their experiences of living with this disease in hopes of reaching out to those who seem to have forgotten that it still exists and is continuing to run wild in our community. Not just our gay community as many naïve people have, and continue to claim, but also in heterosexual men, women and children.

It is the future of today's youth that is weighing heavily on my mind. Are they being educated about this disease enough? Maybe.... Are they paying attention? I truly hope so. Is the generation that was there in the beginning sharing their stories so our youth realize how serious this disease was and STILL is? Again I have to say I hope so.

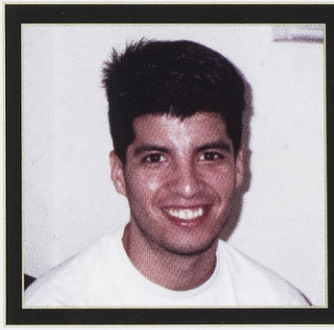
One item that I must get off my chest is this: I have heard time and time again people making the statement that HIV/AIDS is now like living with diabetes. You take a few pills or get injections and you will live a long and fairly normal life. So many of today's youth that I have spoken with hear this and believe every word of it. On the internet they talk about the desire to experience real sex...sex without the hassle of using condoms. Many times I have asked, "how could you do that knowing you could get infected?" to which their reply was ,"if I get it it's OK—they have pills that keep you alive, it's not like it used to be." That hits my heart like a thousand knives.

It is kind of like this trend I hear and read about online—the chasers. No, I am not talking about those that like the big boys. I am talking about those who are actively seeking to be infected woth the HIV virus. That's right, they think it is trendy or exciting to be infected because "they can live a normal life and at least this way they can have sex any way they choose." SAD!!

There are those who feel that there is so much to gain with this disease. Sexual freedom at the top of their list, and then there are organizations that provide services such as rent assistance, food vouchers, free medical services, etc. We are fortunate to have organizations locally such as C.A.R.E.S., Breaking Barriers, Golden Rule Services, Capital City AIDS Fund, Sunburst Projects and countless others who provide the HIV/AIDS community with the services they so badly need. It infuriates me to think anyone would actively seek infection to gain the services that those who had no choice in the matter require to simply survive.

I just want to say to everyone who reads this: reach out and help educate. Support your local organizations, and join us in the fight for survival and an end to this disease. Together we can make it happen. Together we will live to see the end of one of the most devastating diseases man has had to battle.

Jeffry Davis
MGW Executive Publisher



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JOEY "GINO" GUERRERO
MAY 18, 1973-JUNE 17, 1999
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OUR BEST FRIEND
MONICA URREA
YOUR NEPHEW
DANIEL MORALES
YOUR FRIENDS & FAMILY

MGW

ESTABLISHED 1978 • PUBLISHED BY: GUESS WHAT MEDIA, LLC

BUSINESS ADDRESS
1123 21st Street, Ste 200
Sacramento, CA 95814
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NATIONAL ADVERTISING Rivendell Media/212.242.6863

SUBSCRIPTIONS $25 per year/916.441.6397 or rich@mgwnews.com

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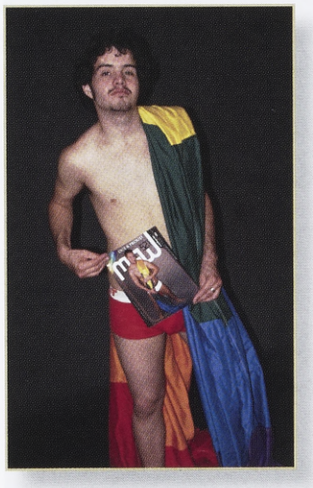
LETTERS / RANTS / CORRESPONDENCE

RESPONSE

OUR SISTERS SPEAK OUT ON HIV/AIDS

PREVIOUS ISSUE



RESPONSE MODEL JC
PHOTO BY RICH JONES

The HIV/AIDS epidemic changed my life, and the life of my generation. A small, but dedicated band of us were working on civil rights across the country with some small success. Then the epidemic hit. Suddenly the real face of discrimination was laid bare. Dying men couldn't get treatment, losing jobs, homes, everything. Opportunistic politicians started pushing quarantine. There was no money, no effort for research, for prevention. We had to create our own health system (the AIDS Foundations), our own research protocols (Project Inform), our own rallying points (the Quilt, the International Candlelight Vigils), our own lobbying organizations (LIFE AIDS Lobby). And we did. We did it all. We created a public health infrastructure from scratch. Our community began to demand equality in earnest, and our civil rights movement grew apace.

Living in San Francisco in the early 80s was like living in a war zone without bullets. Literally hundreds of men died every week. In 1984 I was President of the Golden Gate Business Association. Two years later I had lost more than half my board members. My brothers were dying all around me. The HIV/AIDS epidemic propelled me and others into countless battles at the city, state and national levels. We fought fear and ignorance and just plain bigotry. We ran from meeting to meeting, crisis to crisis, all the while stuffing the overwhelming grief deep inside. A generation died. A generation lost. Every day another funeral, another name for the vigils. I personally lost one friend a week for almost two years. There was no rest, no respite from the grief. It is still there, deep inside me, a wound that never heals, leaving me with tears that never run dry. We did so much to fight, we exhausted ourselves again and again against this monster, this epidemic... and always, always it was too little, we couldn't save them, we couldn't, we just couldn't.

But the epidemic that changed my life was a monster, striking the living with a rapacious appetite, leaving death and sorrow in its wake. Each death a new sorrow, an empty place the future could not fill... and yet each name and face lost was also a new reason to soldier on. "Don't mourn, organize," became our mantra. Those of us who survived fight for them still.

Laurie McBride
Co-chair, National Stonewall Democrats

I think that with hardship and disease, especially one that was at first, and continues in many minds to be, a "gay disease", a sense of suppression and helplessness promotes the community synergy. Our community here really is the storm's rainbow! We are very lucky here in Sacramento to have such a synergistic group that really work to bring some hope and care for our local AIDS programs. Programs really have helped the most unfortunate of our community that do not have the money, education or resources to fight this disease on their own. For the Sisters of Scota WMC, we will continue to support several organizations and donate our efforts to several functions and organizations like CARES and The NorCal Aids Challenge bike ride. It brings so much warmth into our hearts to know that we are helping to work to fight this disease. The benefit, of course, has been getting to know the wonderful and dedicated people who make this community so tight! I have seen and heard of many that have died. But, lately, I hear more people that are not dying. They are living. They are struggling, but they have hope. Even the poorest of our community now have resources to provide them with medical care, counselling, life. That is the power of a community working together. Here's to our rainbow!

Krazy Horse
SOSWMC, Road Captain, Mother Chapter

AIDS has taken from us so many talented and visionary hearts and minds and has scorned and scarred us. I lost many friends to AIDS in Los Angeles, I sat many nights with my psychologist friend who had sat many more nights and days with brave men, and a few women, as they passed from life to death. She served as wise witness for over a hundred folks who died from aids and we shared the holy power rage and grief often. I just lost, this past year, my dear friend Leo Bopp. He lived with the disease for 25 years. I think he ended up contracted every disease that existed in the medical textbooks by the end, dear soul. He thought he would be dead by 45 and made it to 62. I am looking at his picture right now, crazy character that he was. He was home base to me. I remember when I was a graduate student at Cal Arts the brilliant, kind and very composed arts librarian. He was the first to go. About two years ago I saw the reprisal of Larry Kramer's play at the Joseph Papp Theater. That was a cathartic experience. AIDS took so much but gave people a purpose, an experience of their own strength, their own taste of their fight, a way to come together and a way to overcome. Now, as the new generation flirts dangerously with the virus, shirking the knowledge of what was and what could be again, I pray we won't have to learn the hard way again.

Rhyena Halpern, Executive Director, Sacramento Metropolitan Arts Commission

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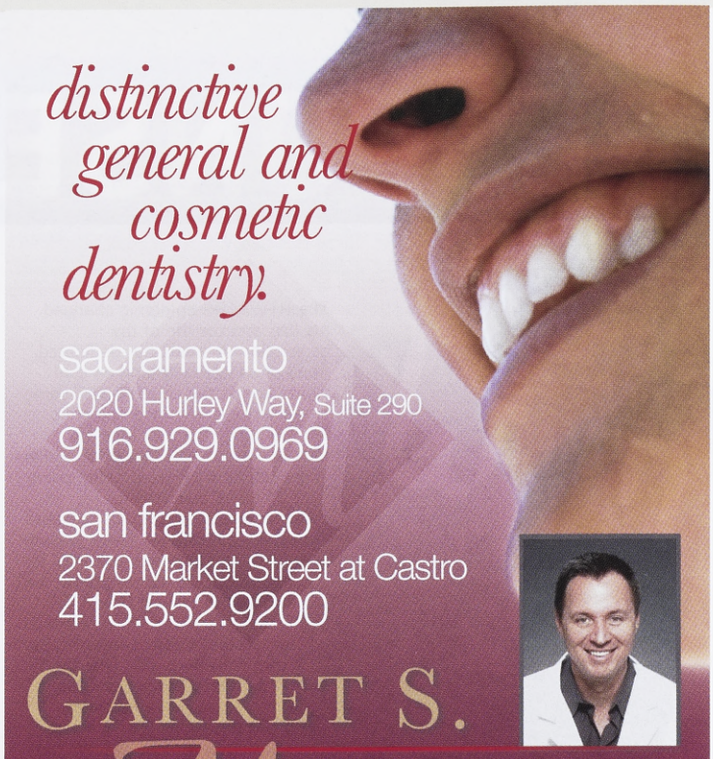

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SPORTS

MONARCHS START SEASON WITH UPSETS

By Pat Hewitt

WNBA CHAMPION MONARCHS AIM FOR REPEAT

With a record of 3 and 2 at publication, the 2005 WNBA Champion Monarchs struggle to plug the major holes left by the departure of two of last year's starters—guard Chelsea Newton, lost to the new Chicago Sky in the team draft, and power forward and Monarchs' leading scorer, DeMya Walker, out on maternity leave.

The seriousness of these gaps was evident in the dizzying number of rotations in pre-season as players were nodded into the game and given time on the boards to test what they had in various player combinations. The cuts came quickly after that.

It's worth noting that across the League, the players waived in 2006 would likely have been first or second round draft picks when the League formed 10 years ago. My, how things have changed.

THE DISTRACTIONS WERE MANY

Chief among these was the drawn-out saga of the eye-balling of Monarchs head coach John Wisenant by the Maloofs as a possible successor to the departed Kings head coach, Rich Adelman. Had Coach Wiz been given the nod, he would have had to immediately leave the Monarchs to prepare for the NBA draft, necessitating an immediate replacement. The players were understandably distracted and worried. Coach Wiz had, of course, taken them all the way to the championship. Who would replace him? How quickly could they adjust to the change?

Was it even going to happen? Their relief at keeping their coach is almost palpable.

The Monarchs have also had problems adjusting to the new 24 second rule, down from the 30" they were previously allowed before shooting. The result? Numerous turn-overs in the early season due to violation of the rule. (Ever vigilant Monarch fans have learned to help by shouting out the remaining available seconds when the women in purple dally).

NEW FACES

When their turn finally arrived in the 2006 draft, (as champions, the Monarchs had the very last of the first round picks, which meant pick #14), the team was fortunate to find that one of their top choices still remained. LSU guard Scholanda Dorrell was an impressive, athletic pick, scoring in double digits in 15 LSU games, where she also boasted a 120-246 3-point record, and could qualify as a felon in the number of steals she made at LSU, some 231 in all.

Starting in the spot left vacant by Chelsea Newton, the rookie knew she had big shoes to fill, and quickly established new career highs in minutes played, (20), points scored (10 against Phoenix), and 3-4 and 2-2 free throw made in her first games.

Even more impressive to fans is Dorrall's hustle and her growing ability to see the floor and anticipate the flow of the game. This one is definitely a "keeper", and an outstanding draft pick by Wisenant.

1 ON 1 WITH ASSEMBLYMEMBER DAVE JONES

HOW HAS HIV/AIDS AFFECTED GAY RIGHTS?

When the HIV/AIDS pandemic first hit California, it was widely regarded as a gay man's disease. We know now that it is a disease without prejudice. We also know that it is 100% preventable. I believe that though the battle was extremely difficult, the way in which the GLBT community galvanized, organized and proactively dealt with the pandemic has strengthened the overarching movement for GLBT rights. The GLBT community was at the forefront developing community based organizations that: led the fight in calling for legislative changes to protect and serve those infected and affected by HIV/AIDS, offered supportive services—medical, psychological, social, spiritual—to individuals dealing with the disease, raised funds for research, support centers, medical costs, funeral costs, raised awareness about the HIV/AIDS, destroying myths, helping prevent the spread, breaking stereotypes. Though the journey has not been nor continues to be, an easy one, the GLBT community leads the way in addressing HIV/AIDS head on.

HOW HAS HIV/AIDS AFFECTED YOUR CAREER?

It was with deep sadness and feelings of helplessness that I watched some truly wonderful friends lose the battle with HIV/AIDS. One of my earliest professional and career mentors was John Hommell, a gay civil rights and housing rights lawyer who attended Harvard Law School a few years ahead of me. When John died of AIDS, I lost not only a dear friend, but also someone who had a huge impact on my choice to be a legal aid and public interest lawyer, and to seek public elected office. As a result of his death and so many others, I vowed to work in my career to fight HIV/AIDS and work for GLBT rights.

HOW HAS HIV/AIDS AFFECTED YOUR CAREER?

The pandemic has left indelible and far reaching marks on our society. Business, politics, social, community, religious, media, and entertainment sectors—all of these and more have felt the daunting effects of HIV/AIDS. My career circle, public policy, has played a prominent role, and a positive one in California, on the issues surrounding HIV/AIDS from privacy in testing, rights in treatment, nondiscrimination, and funding for research.

HOW HAS HIV/AIDS AFFECTED YOUR ETHNIC GROUP?

Today, the highest numbers of new HIV/AIDS infections are in African Americans. This has the potential of shifting the focus of outreach and education about the disease to African Americans. It also offers a poignant lesson for each of us; HIV/AIDS is not a gay disease, it is not an ethnic disease, it is not a disease that targets old or young people, but can devastate all communities in our society. Every group or segment of our community has been touched by HIV/AIDS. It is pivotal that we continue to educate and activate all groups and segments of our community so we can STOP this 100% preventable disease in its tracks.

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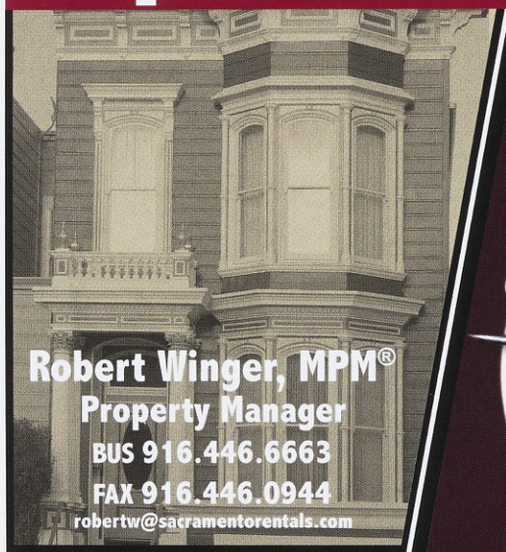

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—MATTHEW BURLINGAME, EDITORIAL DIRECTOR MGW MAGAZINE

PREVAILING POZITUDES

By Matthew Burlingame

"F-ing disease-spreading whore."

I must admit that when I have a beer buzz and a Madonna video comes on—even one as badly done as "Hung Up"—I tend to block out everything around me. But hearing those words muttered from a young man to my left made me turn suddenly. He met my questioning gaze and gestured to an older man of about 35 walking through the bar.

"He infected a friend of mine. Got him drunk and barebacked him."

"Well—"

"He knew what he was doing. He's done it to others, too," he snapped, anticipating my comment.

Actually, I was going to say something to the tune of his friend should have been more careful, but I realized that was not something he wanted to hear. After he told me his friend was only 19 at the time, I'm not sure I wanted to hear it myself.

Sadly, the man he pointed to wasn't the only person I'd been told indulges in this stealth "gift-giving" behavior—knowing full well they are carrying the HIV virus and not hesitating to spread the wealth to the inexperienced and unsuspecting. Then having the ...whatever... to say "it's their responsibility to ask" or "they didn't say no." Right, and it's the woman's fault she was raped.

Having had a long day after an emotional week and several stiff drinks, I found my mind wandering from questions of why people like this were allowed to get away with their behavior, to the way HIV/AIDS had affected my life.

I was 10 years old when the first cases of "gay cancer" were being reported. Four years later in sex-ed, it was a closeted lesbian teacher who allowed us to ask questions openly by writing them on index cards and there was only one question about AIDS—mine— "How do gay people get AIDS?" Her answer was simple: Blood Transfusion, getting poked by a used needle and getting Semen in the bloodstream. While her answer was factual, it was not complete. She neglected to inform us that the used needles needed to contain "infected" blood and that the semen needed to come from someone who was infected.

For at least a year or two after I wouldn't masturbate if I had a cut on my hand for fear of infecting myself, and getting occasionally poked by my diabetic grandmother's used and uncapped insulin needles send me into a cold sweat panic. After all, I knew I was gay and gays got AIDS.

Today, I can chuckle at that, back then, I was 14 and issued a death sentence upon entering puberty. It wasn't until 10 years later that I would experience the death of someone I knew from AIDS. Even then it didn't seem real. Then, as I branched out into the Sacramento Gay community, working with many volunteer groups and businesses, I found many friends who were positive, some were gone before I really got to know them.

But it was a fellow Lambda Players member, George Hansen III, who became my real teacher about HIV/AIDS with his "everything-in-the-open" attitude. Spending several days a week with him over several years, I came to be part of the day-to-day life of someone who had been living with HIV for over 14 years. When I was with him it was never far from the back of my mind. Special meals, antiseptics, pill timers—it was hard to forget. But what was the greatest lesson was seeing him never give up, never use it as an excuse, and never let anyone treat him as "less-than" because of his condition.

As time went on and as we became closer with each other, he often made little jokes. "Sorry, I farted, my AIDS was actin' up." After his hip-replacement surgery at 38 he referred to himself as the Bionic Techie (theatre-technician). Complacency about the matter fell between us. One night hanging out with friends, someone asked him his opinion. When asked if he was certain, he replied, "I'm positive". "I know," I said, "but are you certain?" Gasps and stunned silence fell over our friends—all except George who giggled. "Good one."

But was it really?

Three years ago, another close friend of mine told me he was positive. He had found out several months before, but had not told anyone yet. I promised him all the support I offer, and tucked the knowledge away in the recesses of my mind...somewhere between denial and avoidance.

I rode home with him on the night the man at the bar had pointed out the "disease-spreading whore". He began to talk about changes he was noticing in his body, asking me if I could see them. Maybe it was the Jaeger shots, maybe it was the emotional week, or maybe it was a dose of stone cold reality. I turned to look at the silhouette of my friend as he drove and I heard his voice from months before echo in my mind. Everything he would have to go through over the coming years, everything I watched George and so many others go through, now he would have to face, and at such a young age.

I began to cry. I was certain I was hiding it in the dark, my face turned toward the window. But apparently not well enough.

"Don't cry," he said suddenly, "You'll make me cry, and I'm in a positive mood for a change."

"Positive?" I asked.

"I'm so positive it's killing me."

Despite myself and the tears draining down my face, I chuckled.

Perhaps the success of recent treatments and the promise of miracle breakthroughs around every corner have allowed enough room for a little levity. But as I watch my friends pull over while driving to dry-heave by the road, fight to keep their food down, plan their lives around pill regimes and injection schedules, waste away and still die far too soon...somehow I'm just not in a laughing mood.

EDITOR@MGWNEWS.COM

Terry Lee Loeser Jr. aged 35; passed away at his Sacramento home on June 2, after a courageous 19 year fight with HIV. Terry will be missed by his surviving partner, David Kwong, and his parents Terry and Jan Loeser Sr., his sister, Lorie, his nephews and niece of Stockton and numerous aunts, uncles, cousins and many acquaintances throughout the Valley. Supporting David is his family, sister, Taffetta and nephew, Xian, brother, Peter and mother, Mary.

Terry performed solos and was a member of the Sacramento Men's Chorus for many years, singing with a wide vocal range from first tenor to bass. He directed the DIVA mixed chorus and performed with SMC's Entourage. His performances included singing, dancing, acting and playing instruments throughout the Sacramento region at the Davis Musical Theater, Lambda Players and cabaret dinner shows.

Terry worked with his partner at the Gifted Gardener and was on the board of the Midtown Business Association. He raised funds for charity though his involvement with The Owl Empire of Stanislaus County a chapter of the International Court. If you want to remember Terry, please make a contribution to the Sacramento Men's Chorus, c/o The Gifted Gardener, 1730 J Street, Sacramento, CA 95814 or the US Davis Hospice Program, 3630 Business Drive, Sacramento, CA 95820.

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EQUAL HOUSING LENDER

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02/06

"IN THE 20 YEARS I HAVE BEEN WORKING IN THE HIV PREVENTION FIELD I HAVE LOST A LOT OF CLOSE FRIENDS, COLLEAGUES AND ROLE MODELS. BECAUSE OF MY WORK WITH HIV/AIDS I AM A MORE EMPATHETIC, COMMUNITY INVOLVED AND SELFLESS PERSON. I HAVE LEARNED HOW IMPORTANT IT IS TO LIVE LIFE TO THE FULLEST AND NOT TAKE FOR GRANTED MY HEALTH AND RELATIONSHIPS. BECAUSE IT IS BOTH A PROFESSIONAL AND PERSONAL CAUSE, I HAVE COMMITTED MY LIFE TO DOING WHATEVER I CAN TO LET PEOPLE KNOW THAT HIV IS PREVENTABLE, PEOPLE LIVING WITH HIV ARE WONDERFUL, LOVING AND DESERVING AS ANYONE ELSE AND THAT THE ISSUES NEEDS MORE COMMUNITY SUPPORT." —CLARMUNDO SULLIVAN, GOLDEN RULE SERVICES

REMEMBERING FELTON

By Nephi Ferguson

I didn't think his death would affect me the way it did. I had been through the deaths of other friends and family, but they were nothing like this. The death of Felton left me with the deepest sense of sadness and anger I had ever experienced. It was unfair that he had to die... part of the reason it hit me so hard was that I knew it could have been me.

It was January 2001. I had dated Felton almost ten years earlier, he was several years older than me and a great deal more experienced in the ways of the world. We met by chance, had a passionate, short-lived relationship, and had remained friends.

After Felton was diagnosed with HIV in 1994, he had moved to a small town several hours away from where I lived, to be close to his family. I saw him sporadically after that, but we kept in touch by phone and email. In the year prior to his death, the phone calls dwindled and emails were almost nonexistent.

I would always ask how he was doing. "I'm doing fine," he would say. "I was in the hospital, but I'm OK now." I would press for details, but answers were always vague. I knew he didn't want to worry me, and I guess I was willing to accept that. What could I do? I was miles away and I felt that if I made a special trip to see him I would have to face the reality of having to say goodbye. As a result I stayed in the background, with communication becoming more and more infrequent as his illness progressed.

I knew the situation was grave when I received an email from a friend of his, letting me know that Felton had been moved from the hospital he was in to a nursing home for hospice care.

I knew I had to see him, but something held me back. Perhaps it was the fear of seeing him in a deteriorated condition. The last time I had seen him he had been relatively healthy, the "old" Felton that I had known and loved. So I waited. I waited, hoping in vain that something would change and he would bounce back. I thought that this didn't really have to be. I waited to know what to do.

The weekend before Felton died I had a dream. It was one of the most vivid dreams I've ever had. In the dream, he lived in a high rise. I went to visit him and he looked good, but thin. He showed me all the pills he had to take, dozens of pills. I started to cry uncontrollably and hugged him, telling him I didn't want him to die.

The next morning I called the nursing home he was in and spoke with a worker there who let me know, in so many words, that Felton was going downhill fast.

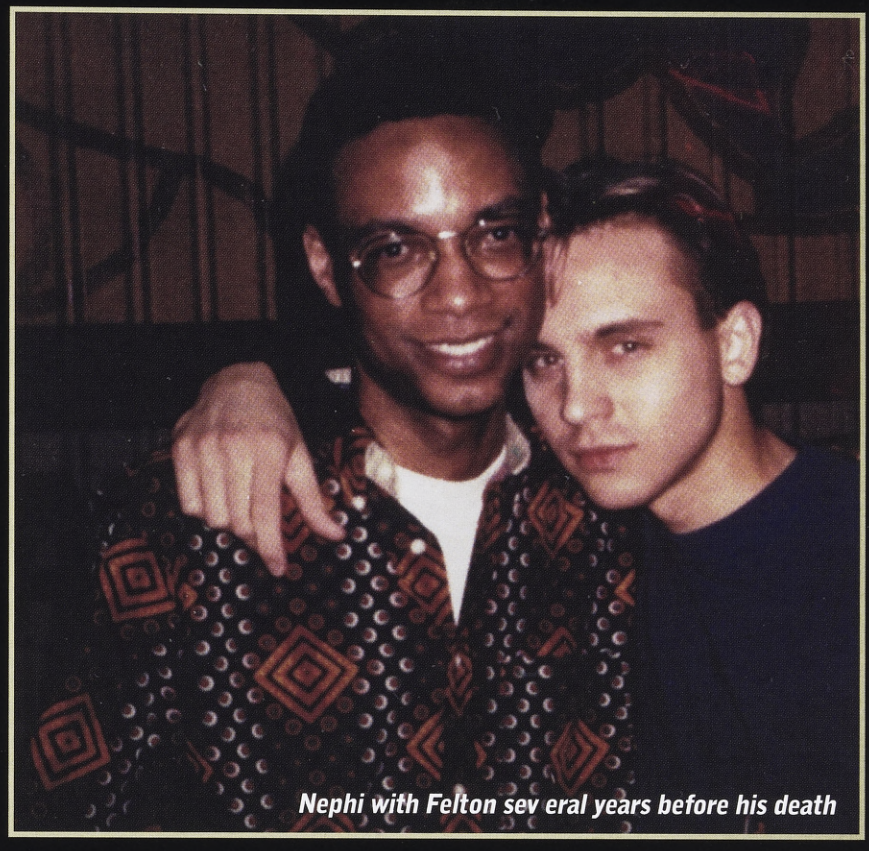
Still, I didn't go see him. I went to work the following Monday, but I couldn't stop thinking about Felton and my dream. I knew I just had to see him and I couldn't wait another day. It was as if there was a voice in my head repeatedly saying, "Time is of the essence." Time was of the essence; the next day was to be the last day of Felton's life.

I made arrangements to take the day off from work and to travel out to see my dying friend. My partner, Mark, made the trip with me. When I asked him to go with me for support, I had no idea just how much of it I would need.

Driving up to the nursing home, the place looked like a dump. Felton had once been manager of a fine department store and had always prided himself on his appearance and taking good care of himself. How did he end up in this ratty old place? I was sure it was not the ending he had envisioned for himself.

Walking into the room, I saw a man who looked to be in his 50s, sitting in a wheelchair. His leg had been amputated. On his bedstand there was an 8"x10" picture of a younger him, a lady and several young children. It looked like it was taken in the late '70s, during better days. I wondered what had happened to the family in the picture and how he ended up here, alone.

The room was divided by a curtain, and I was told that Felton was in the bed behind the curtain. Walking around to his bed, I almost collapsed when I saw him. I had prepared myself to see him looking bad, but I never imagined anything like this. His body was emaciated, his muscles were contracted, and his eyes didn't look right. I was told by the nurse that he could only see light and shadows. He looked like one of the starving people from Africa that they used to show commercials begging for Christian Relief Funds... only worse. I couldn't believe it was him.



Nephi with Felton sev eral years before his death

I tried to say hello to him and to let him know that Mark and I were there to visit him, but I began to cry and could barely get the words out. I wasn't even sure if he was "there" and knew what was going on.

"I'm so glad you came," he whispered to me. He knew I was there. That was all I wanted.

His bed was beside a window, but he couldn't see out of it. I described the day outside to him. I let him know there were birds out in the yard, that it was windy and a little cold. I wanted him to know about the day that would become his last.

I tried to reminisce about some of the memories we had shared—him taking me to Galveston for my birthday or when he took me to see the movie "Straight Talk" with Dolly Parton and I fell in love with her. But when I would start talking about something, his body would writhe and he would motion for me to stop. It was as if it was too painful for him to hear about.

His family was at work that day and he was alone, so I stayed with him and just held his hand.

Toward the end of the evening my emotions overcame me. I didn't know what was happening; I began to breathe hard and I felt like I was about to die of thirst. I went outside to collect myself, grabbed the gallon jug of water I had in the car, and sat on the curb. Everything started spinning. I can still see myself sitting on that curb, as if I were watching from up above.

After calming down, I went back inside and stayed with him until his family arrived. Knowing it was time to say goodbye to my friend, I put my arms around him and told him I loved him. I didn't want to let go, thinking somehow if I didn't I could stop time and keep him here.

The next morning, one of the care workers called me and let me know Felton had passed away during the night. It was not unexpected, but life never seemed more real than at that moment.

I had broken up with him 10 years before because I felt he was smothering me—I was young, inexperienced, I didn't want a boyfriend. It hurt him incredibly when I broke up with him. In my sorrow, I felt like he was getting me back by hurting me so badly when he died.

Over five years have passed since Felton's death. While the hurt isn't as fresh, I still think of him often and wonder what might have been if there were a cure for AIDS. Things have improved over the last decade, but people are still dying of AIDS. People are in pain. Those of us who are fortunate enough to be HIV-negative should never take our status for granted. After witnessing the suffering that this disease causes I will never view life the same way again.

"LUCKILY HIV AND AIDS HAS SPARED ME AND MY PARTNER. HOWEVER, A VOTE IN CONGRESS TO PROHIBIT SEXUALLY EXPLICIT CONTENT IN FEDERALLY FUNDED AIDS EDUCATIONAL MATERIALS IS WHAT SPARKED THE FOUNDING OF THE LAMBDA LETTERS PROJECT ALMOST 19 YEARS AGO." —BOYCE HINMAN, LAMBDA LETTERS PROJECT

IMPORTANT HIV/AIDS BILL ADVANCES

By Boyce Hinman

On May 31 the California Assembly approved AB 2076. Next the bill goes to the California Senate. AB 2076 is probably one of the most important HIV/AIDS bills in the legislature this year. AB 2076 is the latest step in a drive to fully enable vital clean needle and syringe exchange programs. AB 2076 would allow local governments to use state General Funds to purchase needles and syringes for their clean needle exchange programs. These funds, which they receive from the state, are a major source of operating revenues for local governments, but current law prohibits them from using these funds to purchase supplies for needle exchange programs.

The drive for these programs began in the early to mid 1990s when health authorities realized that giving intravenous drug users clean needles and syringes, in return for them surrendering their dirty needles, could slow the spread of HIV and other blood borne diseases. It was becoming known that nearly 20% of new HIV infections were the result of sharing dirty needles. Health authorities were also beginning to realize that the encounter in which the needles were being exchanged, also provided an opportunity to persuade intravenous drug users to enter treatment for their addictions.

However, there was great resistance among the public and elected officials. They said the exchange programs encouraged drug use. They ignored the potential for slowing the spread of disease and for getting addicts into treatment. So the laws criminalizing the possession of hypodermic needles and syringes without a prescription (with exception of people like diabetics) remained on the books. A number of volunteer needle exchange programs sprung up in the mid 1990s, but those running the programs risked arrest.

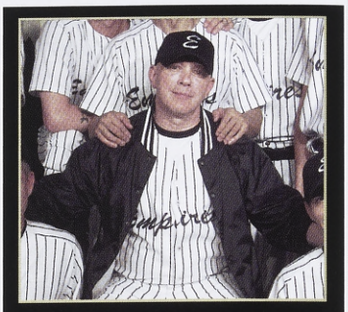
In 1999 the California Legislature took the first step in legitimizing these programs. It passed AB 136. This bill, allowed local governments to establish needle exchange programs. The staff of such authorized programs would not be subject to arrest for possessing needles and syringes. However, to establish the programs, local governments would have to declare a health state of emergency. To continue the programs, they would have to re-declare the emergency every two weeks. This was problematic.

In 2005 the legislature passed AB 547 which dropped the requirement that health states of emergency be declared and re-declared. However, state law had all along prohibited local governments from using General Funds to purchase the needles and syringes used in the exchange programs. Other funding sources are scarce and so this is a significant impediment to the programs.

If AB 2076 is passed and signed by the Governor this year, we will have gone most of the way to implementing these very important disease prevention programs. The final step will be to assure that they are fully funded by the legislature.

I invite you to take part in the effort to assure the passage of AB 2076, and of many other bills of importance to the community. To do this you can join Lambda Letters by going to our web page at: www.Lambdaletters.org and clicking on: "Donations/Membership". Or request a brochure on Lambda Letters by calling (916) 728-1261.

Lambdalp@aol.com



Most everyone in the Sacramento GLBT community has heard about the horrifying head-on collision that left much loved and respected community member John Hancock with extensive multiple internal injuries and broken bones.

After many surgeries and days in sedation in ICU, John was taken off the respirator and moved to another hospital where he is reportedly coherent and doing well.

Hancock is pictured above in his costume for the Lambda Players' production of Take Me Out, in which he had a role when the accident occurred. Hancock's partner, Juan Ramos, who directed and stars in the show, was also in the car, and sustained minor injuries.

Ramos, Hancock and their families wish to thank the community for their outpouring of support.

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Date: Saturday, July 29, 2006 (Dore Alley/Up your Alley Weekend)

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The Renoir Hotel, 7th & Market Streets, is the Host Hotel for the Northern California Regional LSLB Contest,. We have reserved a block of rooms and negotiated a rate of $110.00 per night for Friday, July 28, 2006 and Saturday, July 29, 2006. To get this rate, email: NCLSLb@hotmail.com to get assigned a number. After getting number, call the Renoir Hotel, (415)626-5200, and mention the LeatherSir/Leatherboy Contest and give them your number. Remember that this is Up Your Alley (Dore Alley) Weekend and the rooms will go fast. No reservations, if any are left, will be taken after June 28, 2006 for this rate.

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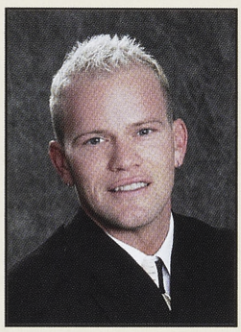

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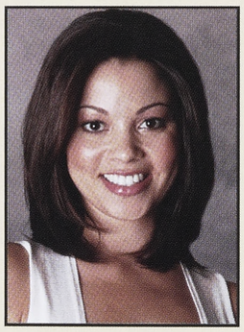

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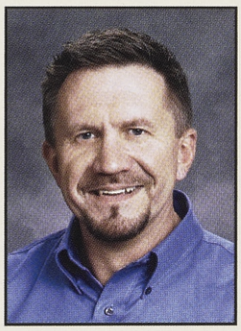

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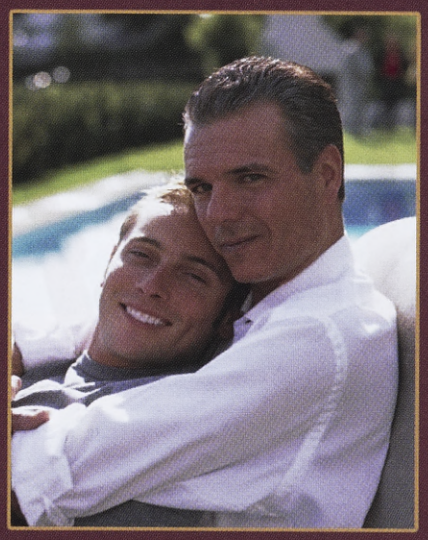

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Q. How does it work for those who want to apply to meet a millionaire?

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Q. Is there any cost to apply to meet a millionaire?

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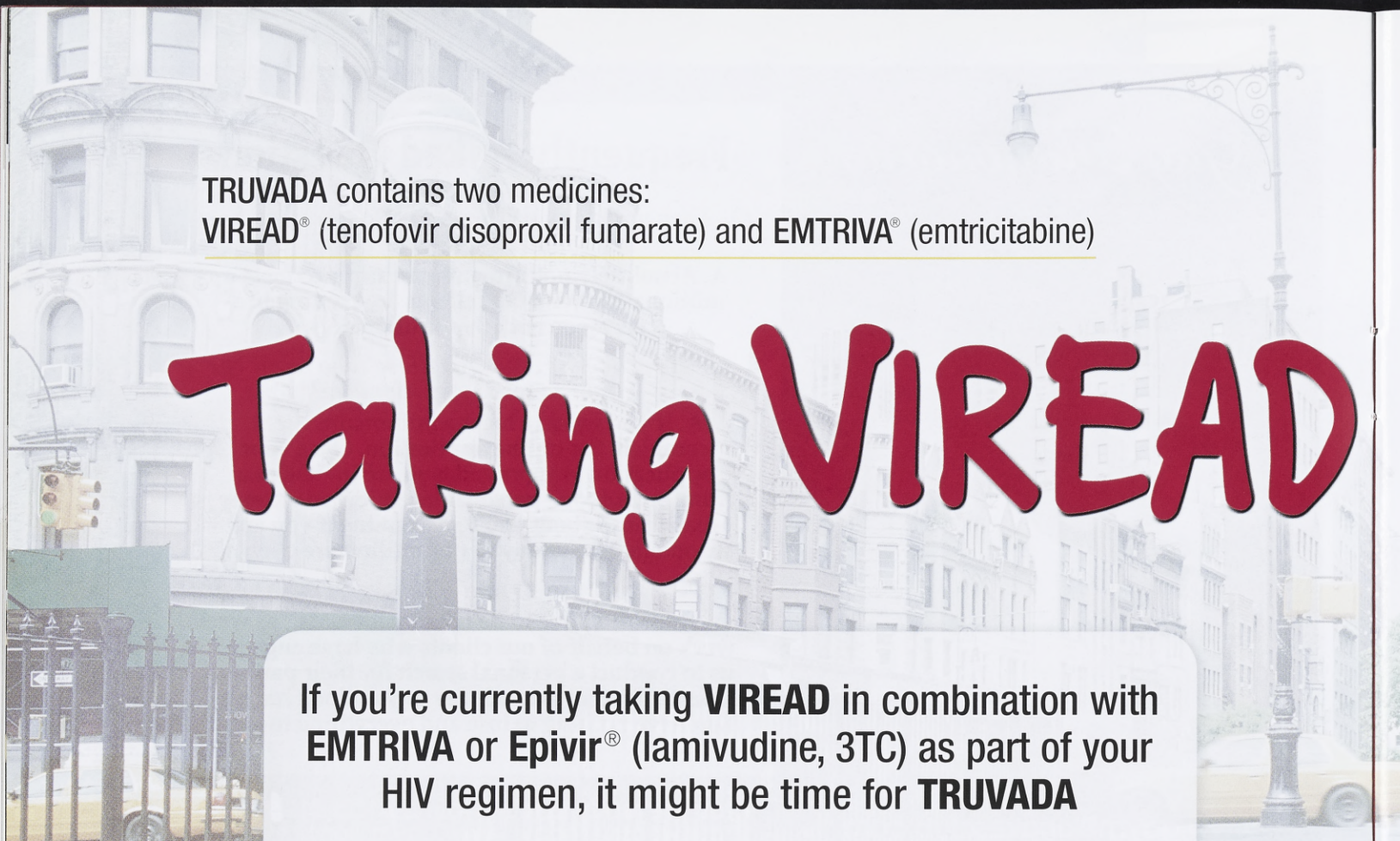

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Please see important safety information on the following pages.

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TRUVADA and VIREAD do not cure HIV infection or lower your chance of passing HIV-1 to others and must be used as part of combination therapy. **TRUVADA should not be used with VIREAD, Combivir®, EMTRIVA, Epivir, Epivir-HBV®, Epzicom™, or Trizivir®.**

USE OF TRUVADA:

TRUVADA is indicated in combination with other antiretroviral agents (such as non-nucleoside reverse transcriptase inhibitors or protease inhibitors) for the treatment of HIV-1 infection in adults.

USE OF VIREAD:

VIREAD is indicated in combination with other antiretroviral agents for the treatment of HIV-1 infection.

IMPORTANT SAFETY INFORMATION:

- **Lactic acidosis** (a buildup of acid in the blood) can be a medical emergency and may need to be treated in the hospital. **Call your healthcare provider right away** if you have nausea, vomiting, unusual muscle pain, and/or weakness
- **Serious liver problems** (hepatotoxicity), with liver enlargement (hepatomegaly) and fat in the liver (steatosis), may occur. **Call your healthcare provider right away** if you have light colored stools, dark colored urine, and/or if your skin or the whites of your eyes turn yellow
- **Flare-ups of hepatitis B virus (HBV) infection:** If you have HIV and HBV, your liver disease may suddenly get worse if you stop taking TRUVADA or VIREAD. Do not stop taking TRUVADA or VIREAD unless directed by your healthcare provider
  - **Kidney problems:** If you have had kidney problems or take other medicines that can cause kidney problems, your healthcare provider should do regular blood tests to check your kidneys
  - **Bone changes:** It is not known whether long-term use of TRUVADA or VIREAD causes damage to your bones. If you have had bone problems in the past, talk to your healthcare provider before taking TRUVADA or VIREAD

Changes in body fat have been seen in some people taking anti-HIV medicines. The most common side effects of TRUVADA when taken with other anti-HIV medicines are dizziness, diarrhea, nausea, vomiting, headache, abdominal pain, depression, rash, and gas. Skin discoloration (spots and freckles) may also occur. The most common side effects of VIREAD are diarrhea, nausea, vomiting, and gas.

Discuss all medicines you take with your healthcare provider and be aware:

- Your healthcare provider may need to follow you more closely or adjust your therapy if you are taking Videx®, Videx® EC, Reyataz®, or Kaletra® with TRUVADA or VIREAD

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Patient Information

TRUVADA® (tru-VAH-dah) Tablets

Generic name: emtricitabine and tenofovir disoproxil fumarate
(em tri SIT uh bean and te NOE fo veer dye soe PROX il FYOU-mar-ate)

Read the Patient Information that comes with TRUVADA before you start taking it and each time you get a refill. There may be new information. This information does not take the place of talking to your healthcare provider about your medical condition or treatment. You should stay under a healthcare provider's care when taking TRUVADA. **Do not change or stop your medicine without first talking with your healthcare provider.** Talk to your healthcare provider or pharmacist if you have any questions about TRUVADA.

What is the most important information I should know about TRUVADA?

- **Some people who have taken medicine like TRUVADA (nucleoside analogs) have developed a serious condition called lactic acidosis** (buildup of an acid in the blood). Lactic acidosis can be a medical emergency and may need to be treated in the hospital. **Call your healthcare provider right away if you get the following signs or symptoms of lactic acidosis.**
  - You feel very weak or tired.
  - You have unusual (not normal) muscle pain.
  - You have trouble breathing.
  - You have stomach pain with nausea and vomiting.
  - You feel cold, especially in your arms and legs.
  - You feel dizzy or lightheaded.
  - You have a fast or irregular heartbeat.
- **Some people who have taken medicines like TRUVADA have developed serious liver problems called hepatotoxicity,** with liver enlargement (hepatomegaly) and fat in the liver (steatosis)**. Call your healthcare provider right away if you get the following signs or symptoms of liver problems.**
  - Your skin or the white part of your eyes turns yellow (jaundice).
  - Your urine turns dark.
  - Your bowel movements (stools) turn light in color.
  - You don't feel like eating food for several days or longer.
  - You feel sick to your stomach (nausea).
  - You have lower stomach area (abdominal) pain.
- **You may be more likely to get lactic acidosis or liver problems** if you are female, very overweight (obese), or have been taking nucleoside analog medicines, like TRUVADA, for a long time.
- **TRUVADA is not for the treatment of Hepatitis B Virus infection.** Patients infected with both HBV and human immunodeficiency virus (HIV) who take TRUVADA need close medical follow-up for several months after stopping treatment with TRUVADA. Follow-up includes medical exams and blood tests to check for HBV that could be getting worse. **Patients with Hepatitis B Virus infection, who take TRUVADA and then stop it, may get "flare-ups" of their hepatitis. A "flare-up" is when the disease suddenly returns in a worse way than before.**

What is TRUVADA?

TRUVADA is a type of medicine called an HIV (human immunodeficiency virus) nucleoside analog reverse transcriptase inhibitor (NRTI). TRUVADA contains 2 medicines, EMTRIVA® (emtricitabine) and VIREAD® (tenofovir disoproxil fumarate, or tenofovir DF) combined in one pill. TRUVADA is always used with other anti-HIV medicines to treat people with HIV infection. TRUVADA is for adults age 18 and older. TRUVADA has not been studied in children under age 18 or adults over age 65.

HIV infection destroys CD4 (T) cells, which are important to the immune system. The immune system helps fight infection. After a large number of T cells are destroyed, acquired immune deficiency syndrome (AIDS) develops.

TRUVADA helps block HIV reverse transcriptase, a chemical in your body (enzyme) that is needed for HIV to multiply. TRUVADA lowers the amount of HIV in the blood (viral load). TRUVADA may also help to increase the number of T cells (CD4 cells). Lowering the amount of HIV in the blood lowers the chance of death or infections that happen when your immune system is weak (opportunistic infections).

TRUVADA does not cure HIV infection or AIDS. The long-term effects of TRUVADA are not known at this time. People taking TRUVADA may still get opportunistic infections or other conditions that happen with HIV infection. Opportunistic infections are infections that develop because the immune system is weak. Some of these conditions are pneumonia, herpes virus infections, and *Mycobacterium avium* complex (MAC) infection. **It is very important that you see your healthcare provider regularly while taking TRUVADA.**

TRUVADA does not lower your chance of passing HIV to other people through sexual contact, sharing needles, or being exposed to your blood. For your health and the health of others, it is important to always practice safer sex by using a latex or polyurethane condom or other barrier to lower the chance of sexual contact with semen, vaginal secretions, or blood. Never use or share dirty needles.

Who should not take TRUVADA?

Do not take TRUVADA if you are allergic to TRUVADA or any of its ingredients. The active ingredients of TRUVADA are emtricitabine and tenofovir DF. See the end of this leaflet for a complete list of ingredients.

What should I tell my healthcare provider before taking TRUVADA?

Tell your healthcare provider if you:

- **are pregnant or planning to become pregnant.** We do not know if TRUVADA can harm your unborn child. You and your healthcare provider will need to decide if TRUVADA is right for you. If you use TRUVADA while you are pregnant, talk to your healthcare provider about how you can be on the TRUVADA Antiviral Pregnancy Registry.
- **are breast-feeding.** You should not breast-feed if you are HIV-positive because of the chance of passing the HIV virus to your baby. Also, it is not known if TRUVADA can pass into your breast milk and if it can harm your baby. If you are a woman who has or will have a baby, talk with your healthcare provider about the best way to feed your baby.
- **have kidney problems or are undergoing kidney dialysis treatment.**
- **have bone problems.**
- **have liver problems including Hepatitis B Virus infection.**

Tell your healthcare provider about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements. Especially tell your healthcare provider if you take:

- COMBIVIR®, EMTRIVA, EPIVIR®, EPIVIR-HBV®, EPZICOM™, TRIZIVIR®, or VIREAD. **TRUVADA should not be used with those medicines.**
- Drugs that contain didanosine (VIDEX®, VIDEX EC®). Tenofovir DF (a component of TRUVADA) may increase the amount of VIDEX in your blood. **You may need to be followed more carefully if you are taking TRUVADA and VIDEX together.**
- REYATAZ® (atazanavir sulfate) or KALETRA® (lopinavir/ritonavir). These medicines may increase the amount of tenofovir DF (a component of TRUVADA) in your blood, which could result in more side effects. You may need to be followed more carefully if you are taking TRUVADA and REYATAZ or KALETRA together.

Keep a complete list of all the medicines that you take. Make a new list when medicines are added or stopped. Give copies of this list to all of your healthcare providers and pharmacist **every** time you visit your healthcare provider or fill a prescription.

How should I take TRUVADA?

- Take TRUVADA exactly as your healthcare provider prescribed it. Follow the directions from your healthcare provider, exactly as written on the label.
- The usual dose of TRUVADA is 1 tablet once a day. TRUVADA is always used with other anti-HIV medicines. If you have kidney problems, you may need to take TRUVADA less often.
- TRUVADA may be taken with or without a meal. Food does not affect how TRUVADA works. Take TRUVADA at the same time each day.
- If you forget to take TRUVADA, take it as soon as you remember that day. **Do not** take more than 1 dose of TRUVADA in a day. **Do not** take 2 doses at the same time. Call your healthcare provider or pharmacist if you are not sure what to do. **It is important that you do not miss any doses of TRUVADA or your anti-HIV medicines.**
- When your TRUVADA supply starts to run low, get more from your healthcare provider or pharmacy. This is very important because the amount of virus in your blood may increase if the medicine is stopped for even a short time. The virus may develop resistance to TRUVADA and become harder to treat.
- Do not change your dose or stop taking TRUVADA without first talking with your healthcare provider. Stay under a healthcare provider's care when taking TRUVADA.
- If you take too much TRUVADA, call your local poison control center or emergency room right away.

What should I avoid while taking TRUVADA?

- **Do not breast-feed.** See "What should I tell my healthcare provider before taking TRUVADA?"
- **Avoid doing things that can spread HIV infection** since TRUVADA doesn't stop you from passing the HIV infection to others.
  - **Do not share needles or other injection equipment.**
  - **Do not share personal items that can have blood or body fluids on them, like toothbrushes or razor blades.**
  - **Do not have any kind of sex without protection.** Always practice safer sex by using a latex or polyurethane condom or other barrier to reduce the chance of sexual contact with semen, vaginal secretions, or blood.
- COMBIVIR, EMTRIVA, EPIVIR, EPIVIR-HBV, EPZICOM, TRIZIVIR, or VIREAD. **TRUVADA should not be used with these medicines.**

What are the possible side effects of TRUVADA?

TRUVADA may cause the following serious side effects (see "What is the most important information I should know about TRUVADA?"):

- **Lactic acidosis** (buildup of an acid in the blood). Lactic acidosis can be a medical emergency and may need to be treated in the hospital. **Call your doctor right away if you get signs of lactic acidosis.** (See "What is the most important information I should know about TRUVADA?")
- **Serious liver problems (hepatotoxicity),** with liver enlargement (hepatomegaly) and fat in the liver (steatosis). Call your healthcare provider right away if you get any signs of liver problems. (See "What is the most important information I should know about TRUVADA?")
- **"Flare-ups" of Hepatitis B Virus infection,** in which the disease suddenly returns in a worse way than before, can occur if you stop taking TRUVADA. Your healthcare provider will monitor your condition for several months after stopping TRUVADA if you have both HIV and HBV infection. TRUVADA is not for the treatment of Hepatitis B Virus infection.
- **Kidney problems.** If you have had kidney problems in the past or take other medicines that can cause kidney problems, your healthcare provider should do regular blood tests to check your kidneys.
- **Changes in bone mineral density (thinning bones).** It is not known whether long-term use of TRUVADA will cause damage to your bones. If you have had bone problems in the past, your healthcare provider may need to do tests to check your bone mineral density or may prescribe medicines to help your bone mineral density.

Other side effects with TRUVADA when used with other anti-HIV medicines include:

- Changes in body fat have been seen in some patients taking TRUVADA and other anti-HIV medicines. These changes may include increased amount of fat in the upper back and neck ("buffalo hump"), breast, and around the main part of your body (trunk). Loss of fat from the legs, arms, and face may also happen. The cause and long-term health effects of these conditions are not known at this time.

The most common side effects of EMTRIVA or VIREAD when used with other anti-HIV medicines are: dizziness, diarrhea, nausea, vomiting, headache, abdominal pain, depression, rash, and gas. Skin discoloration (small spots or freckles) may also happen with TRUVADA.

These are not all the side effects of TRUVADA. This list of side effects with TRUVADA is **not complete** at this time because TRUVADA is still being studied. If you have questions about side effects, ask your healthcare provider. Report any new or continuing symptoms to your healthcare provider right away. Your healthcare provider may be able to help you manage these side effects.

How do I store TRUVADA?

- **Keep TRUVADA and all other medicines out of reach of children.**
- Store at room temperature up to 77 °F (25 °C).
- Keep TRUVADA in its original container and keep the container tightly closed.
- Do not keep medicine that is out of date or that you no longer need. If you throw any medicines away make sure that children will not find them.

General information about TRUVADA:

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use TRUVADA for a condition for which it was not prescribed. Do not give TRUVADA to other people, even if they have the same symptoms you have. It may harm them.

This leaflet summarizes the most important information about TRUVADA. If you would like more information, talk with your healthcare provider. You can ask your healthcare provider or pharmacist for information about TRUVADA that is written for health professionals. For more information, you may also call 1-800-GILEAD-5 or access the TRUVADA website at www.TRUVADA.com.

Do not use TRUVADA if seal over bottle opening is broken or missing.

What are the ingredients of TRUVADA?

Active Ingredients: emtricitabine and tenofovir DF

Inactive Ingredients: Croscarmellose sodium, lactose monohydrate, magnesium stearate, microcrystalline cellulose, and pregelatinized starch (gluten free). The tablets are coated with Opadry II Blue Y-30-10701 containing FD&C Blue #2 aluminum lake, hypromellose, lactose monohydrate, titanium dioxide, and triacetin.

Rx Only

January 2005

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GILEAD

VIREAD®
(tenofovir disoproxil fumarate) Tablets

Patient Information

VIREAD (VEER ee ad)

Generic Name: tenofovir disoproxil fumarate (te NOE' fo veer dye soe PROX il FYOU-mar-ate)

Read this leaflet carefully before you start taking VIREAD. Also, read it each time you get your VIREAD prescription refilled, in case something has changed. This information does not take the place of talking with your healthcare provider when you start this medicine and at checkups. You should stay under a healthcare provider's care when taking VIREAD. Do not change or stop your medicine without first talking with your healthcare provider. Talk to your healthcare provider if you have any questions about VIREAD.

What is VIREAD and how does it work?

VIREAD is a type of medicine called an HIV-1 (human immunodeficiency virus) nucleotide analog reverse transcriptase inhibitor (NRTI). VIREAD is always used in combination with other anti-HIV medicines to treat people with HIV-1 infection. VIREAD is for adults age 18 and older.

HIV infection destroys CD4 (T) cells, which are important to the immune system. After a large number of T cells are destroyed, acquired immune deficiency syndrome (AIDS) develops.

VIREAD helps to block HIV-1 reverse transcriptase, a chemical in your body (enzyme) that is needed for HIV-1 to multiply. VIREAD lowers the amount of HIV-1 in the blood (called viral load) and may help to increase the number of T cells (called CD4 cells). Lowering the amount of HIV-1 in the blood lowers the chance of death or infections that happen when your immune system is weak (opportunistic infections).

Does VIREAD cure HIV-1 or AIDS?

VIREAD does not cure HIV-1 infection or AIDS. The long-term effects of VIREAD are not known at this time. People taking VIREAD may still get opportunistic infections or other conditions that happen with HIV-1 infection. Opportunistic infections are infections that develop because the immune system is weak. Some of these conditions are pneumonia, herpes virus infections, and *Mycobacterium avium* complex (MAC) infections.

Does VIREAD reduce the risk of passing HIV-1 to others?

VIREAD does not reduce the risk of passing HIV-1 to others through sexual contact or blood contamination. Continue to practice safe sex and do not use or share dirty needles.

Who should not take VIREAD?

Together with your healthcare provider, you need to decide whether VIREAD is right for you.

Do not take VIREAD if

- you are allergic to VIREAD or any of its ingredients

What should I tell my healthcare provider before taking VIREAD?

Tell your healthcare provider

- *If you are pregnant or planning to become pregnant:* The effects of VIREAD on pregnant women or their unborn babies are not known.
- *If you are breast-feeding:* Do not breast-feed if you are taking VIREAD. Do not breast-feed if you have HIV. If you are a woman who has or will have a baby, talk with your healthcare provider about the best way to feed your baby. If your baby does not already have HIV, there is a chance that the baby can get HIV through breast-feeding.
- **If you have kidney or bone problems**
- **If you have liver problems including Hepatitis B Virus infection**
- **Tell your healthcare provider about all your medical conditions**
- **TELL YOUR HEALTHCARE PROVIDER ABOUT ALL THE MEDICINES YOU TAKE,** INCLUDING PRESCRIPTION AND NON-PRESCRIPTION MEDICINES AND DIETARY SUPPLEMENTS. VIREAD MAY INCREASE THE AMOUNT OF VIDEX® (DIDANOSINE) IN YOUR BLOOD. YOU MAY NEED TO BE FOLLOWED MORE CAREFULLY IF YOU ARE TAKING THESE TWO DRUGS TOGETHER. IF YOU ARE TAKING VIDEX (DIDANOSINE) AND VIREAD TOGETHER YOUR HEALTHCARE PROVIDER MAY NEED TO REDUCE YOUR DOSE OF VIDEX (DIDANOSINE).

  VIREAD MAY DECREASE THE AMOUNT OF REYATAZ® (ATAZANAVIR) IN YOUR BLOOD. IF YOU ARE TAKING VIREAD AND REYATAZ (ATAZANAVIR) TOGETHER YOU SHOULD ALSO BE TAKING NORVIR® (RITONAVIR).

  IT IS A GOOD IDEA TO KEEP A COMPLETE LIST OF ALL THE MEDICINES THAT YOU TAKE. MAKE A NEW LIST WHEN MEDICINES ARE ADDED OR STOPPED. GIVE COPIES OF THIS LIST TO ALL OF YOUR HEALTHCARE PROVIDERS **EVERY** TIME YOU VISIT YOUR HEALTHCARE PROVIDER OR FILL A PRESCRIPTION.

How should I take VIREAD?

- Stay under a healthcare provider's care when taking VIREAD. Do not change your treatment or stop treatment without first talking with your healthcare provider.
- Take VIREAD every day exactly as your healthcare provider prescribed it. Follow the directions from your healthcare provider, exactly as written on the label. Set up a dosing schedule and follow it carefully.
- The usual dose of VIREAD is 1 tablet once a day, in combination with other anti-HIV medicines. If you have kidney problems, your healthcare provider may recommend that you take VIREAD less frequently.
- VIREAD may be taken with or without a meal.
- When your VIREAD supply starts to run low, get more from your healthcare provider or pharmacy. This is very important because the amount of virus in your blood may increase if the medicine is stopped for even a short time. The virus may develop resistance to VIREAD and become harder to treat.
- Only take medicine that has been prescribed specifically for you. Do not give VIREAD to others or take medicine prescribed for someone else.

What should I do if I miss a dose of VIREAD?

It is important that you do not miss any doses. If you miss a dose of VIREAD, take it as soon as possible and then take your next scheduled dose at its regular time. If it is almost time for your next dose, do not take the missed dose. Wait and take the next dose at the regular time. Do not double the next dose.

What happens if I take too much VIREAD?

If you suspect that you took more than the prescribed dose of VIREAD, contact your local poison control center or emergency room right away.

As with all medicines, VIREAD should be kept out of reach of children.

What should I avoid while taking VIREAD?

- Do not breast-feed. See "What should I tell my healthcare provider before taking VIREAD?"

What are the possible side effects of VIREAD?

- Clinical studies: The most common side effects of VIREAD are: diarrhea, nausea, vomiting, and flatulence (intestinal gas).
- Marketing experience: Other side effects reported since VIREAD has been marketed include: weakness, inflammation of the pancreas, low blood phosphate, dizziness, shortness of breath, and rash.
- Some patients treated with VIREAD have had kidney problems. If you have had kidney problems in the past or need to take another drug that can cause kidney problems, your healthcare provider may need to perform additional blood tests.
- Laboratory tests show changes in the bones of patients treated with VIREAD. It is not known whether long-term use of VIREAD will cause damage to your bones. If you have had bone problems in the past, your healthcare provider may need to perform additional tests or may suggest additional medication.
- Some patients taking antiviral drugs like VIREAD have developed a condition called lactic acidosis (a buildup in the blood of lactic acid, the same substance that causes your muscles to burn during heavy exercise). Symptoms of lactic acidosis include nausea, vomiting, unusual or unexpected stomach discomfort, and weakness. If you notice these symptoms or if your medical condition changes suddenly, call your healthcare provider right away.
- Changes in body fat have been seen in some patients taking anti-HIV medicine. These changes may include increased amount of fat in the upper back and neck ("buffalo hump"), breast, and around the main part of your body (trunk). Loss of fat from the legs, arms, and face may also happen. The cause and long-term health effects of these conditions are not known at this time.
- If you have hepatitis B virus (HBV) infection, you may have a "flare-up" of hepatitis B, in which the disease suddenly returns in a worse way than before if you stop taking VIREAD. VIREAD is not for the treatment of hepatitis B virus infection.
- There have been other side effects in patients taking VIREAD. However, these side effects may have been due to other medicines that patients were taking or to the illness itself. Some of these side effects can be serious.
- This list of side effects is **not** complete. If you have questions about side effects, ask your healthcare provider. You should report any new or continuing symptoms to your healthcare provider right away. Your healthcare provider may be able to help you manage these side effects.

How do I store VIREAD?

- Keep VIREAD and all other medications out of reach of children.
- Store VIREAD at room temperature 77 °F (25 °C). It should remain stable until the expiration date printed on the label.
- Do not keep your medicine in places that are too hot or cold.
- Do not keep medicine that is out of date or that you no longer need. If you throw any medicines away make sure that children will not find them.

General advice about prescription medicines:

TALK TO YOUR HEALTHCARE PROVIDER IF YOU HAVE ANY QUESTIONS ABOUT THIS MEDICINE OR YOUR CONDITION. MEDICINES ARE SOMETIMES PRESCRIBED FOR PURPOSES OTHER THAN THOSE LISTED IN A PATIENT INFORMATION LEAFLET. IF YOU HAVE ANY CONCERNS ABOUT THIS MEDICINE, ASK YOUR HEALTHCARE PROVIDER. YOUR HEALTHCARE PROVIDER OR PHARMACIST CAN GIVE YOU INFORMATION ABOUT THIS MEDICINE THAT WAS WRITTEN FOR HEALTH CARE PROFESSIONALS. DO NOT USE THIS MEDICINE FOR A CONDITION FOR WHICH IT WAS NOT PRESCRIBED. DO NOT SHARE THIS MEDICINE WITH OTHER PEOPLE.

DO NOT USE IF SEAL OVER BOTTLE OPENING IS BROKEN OR MISSING.

Viread®
(tenofovir disoproxil fumarate)

May 2005

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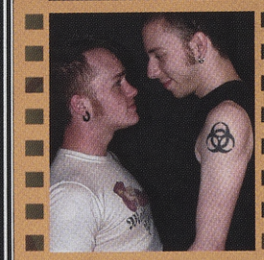
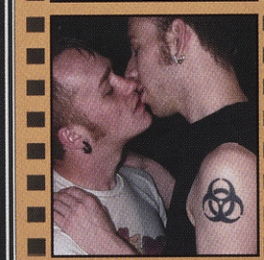
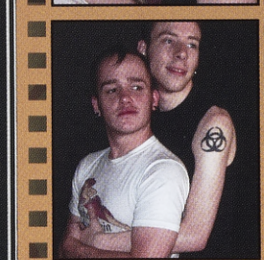
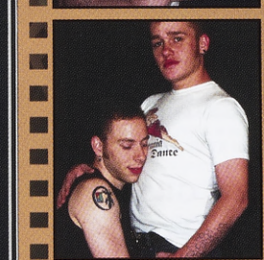
GILEAD

"MY LOVING PARTNER OF 26 YEARS, RON BENTLEY, DIED OF AIDS IN 1994. THE PAIN OF HIS DEATH NEVER SEEMS TO GO AWAY. HE WAS GOING ON A BUSINESS TRIP IN 1970 AND IT WAS THE FIRST TIME WE WOULD BE SEPARATED. HE GAVE ME THIS LITTLE CERAMIC BOAT. HE WROTE A NOTE AND SAID TO KEEP IT NEARBY AS A REMINDER THAT HE WOULD ALWAYS BE WITH ME EVEN THOUGH WE SEPARATED PHYSICALLY. IT'S NOW BEEN OVER 12 YEARS SINCE HE HAS DIED, BUT THAT LITTLE BOAT IS STILL WITH ME AS A REMINDER THAT HE MAY BE GONE PHYSICALLY BUT HE WILL CONTINUE TO BE BY MY SIDE IN SPIRIT." —GARY MILLER



HOW OLD ARE YOU?

Brandon & Aaron: 24.

HOW DID YOU MEET?

BRANDON: We actually met through a mutual friend at First Stages—an HIV support group, and now almost 3 years later—here we are! And "HA HA HA" to all those who said we wouldn't make it!

WAS IT LOVE AT FIRST SIGHT?

BRANDON: There was definitely LUST at first sight. Love takes time...and I have all the time in the world.

AARON: He's right. Love takes time and effort. We have been through a lot. It comes down to a promise. I promised him I would do whatever it takes to make a life for us, as long as he is there for support. I, in exchange, give him support.

WHAT AGE DID YOU COME OUT?

BRANDON: 15.

AARON: 16.

WHAT AGE WERE YOU WHEN YOU WERE DIAGNOSED HIV+?

BRANDON: I was diagnosed at 18... two weeks away form my 19th birthday. Happy birthday to me.

AARON: I was one month away from turning 21. It was actually Valentine's Day when I found out. I was in deployment status with the military at Fort Campbell, KY. I got booted shortly after.

WHAT SAFE SEX EDUCATION, IF ANY, DID YOU RECEIVE GROWING UP?

BRANDON: Just the normal sex education that everyone learns in health class. Then I explored volunteering at 16 and started working through Planned Parenthood doing peer outreach which led me to many different HIV and gay youth workshops and conferences including S.F. AIDS walk and Y.L.P. (Young Loud and Proud) Youth Leadership Conferences. From there I started facilitating various youth oriented support groups.... which led me to Aaron.

AARON: I suppose I was always educated about "safe sex" but I was naive thinking that love was enough to protect me. I wasn't taught that no matter how much you may believe in someone or love them, sometimes, they let you down.

ALL PHOTOS BY RICH JONES

WAS YOUR FAMILY CONSERVATIVE OR "FREE-THINKING"?

BRANDON: I grew up in a military family where being gay was just not acceptable so no, they definitely weren't " free-thinking" As a result my parents kicked me out of the house at 15 and have cut off all contact with me since.

AARON: My family has always been "free-thinking". My father taught me how to be passionate about my goals and to achieve success. There wasn't any room in our family for hate or disgust. They love me and wish only the best for me.

IS YOUR FAMILY SUPPORTIVE?

BRANDON: If you think kicking your son out at 15 is supportive.

AARON: My family is there for me no matter what.

IS THERE A BELIEF AMONG THE GAY YOUTH COMMUNITY THAT HIV/AIDS IS NO BIG DEAL?

BRANDON: Not at all. People are still terrified of the disease. The difference now lies in the level of education. Everyone knows it's there and they know they can't get around it—just about everyone is faced with it at some point. So it's all in how much they understand and how they use that knowledge.

AARON: "No big deal" isn't enough of a question. Most people my age know about HIV and know what it can do, but there are those who just don't care. The question should be whether youth today care about HIV. My answer is some do and some don't. Those that do care will educate themselves and protect themselves. Those that don't care won't. In fact those that don't care range from the ignorant to the actively seeking of HIV infection, we call them "bug chasers".

IS THERE ENOUGH EDUCATION AIMED AND DELIVERED TOWARD GAY YOUTH?

BRANDON: Yes, I think there is—at least in the world I know. But there could always be more! The education is there and is delivered in the right way, I just don't think people receive it in the right way...scare tactics are used way too much and just cause more fear and confusion. Maybe people could start emphasizing how people with the disease live and not focus so much on just staying away from sex altogether like I was taught. You need to make people understand the consequences for their actions. I think if people knew what it was like to live with it every day then they would probably be a little more aware and at least make informed decisions instead of just being scared.

AARON: There is definitely enough information, but like I said, some people don't care, or know enough to care. HIV education should start at home. Parents need to sit and talk to their children honestly about issues like this. Children are durable and can handle an honest education about the world around them. If children don't receive this education they won't know its value and after a certain point (moving away from home) they may never find a situation that promotes this kind of education. I guess it depends on the person.

BRANDON (STANDING) AND AARON (FRONT) ARE YOUTH AND HIV ACTIVISTS IN SACRAMENTO

"IF THERE IS ONE POSITIVE OUTCOME OF HIV/AIDS, IT IS THAT IT GAVE OUR COMMUNITY AN ISSUE TO COME TOGETHER ON. I'VE SEEN MANY PEOPLE SET ASIDE THEIR DIFFERENCES AND UNIFY TO WORK TOWARDS ENDING THIS TERRIBLE DISEASE. THE ONLY CHALLENGE IS—AND CRITICAL TO KEEP IN MIND—THIS IS NOT A GAY DISEASE. THE FACT THAT IT HITS ALL SEGMENTS OF OUR POPULATION, REQUIRES THAT ALL OF US WORK TOGETHER TO SEE THAT ONE DAY THERE IS A CURE!" —DR. DARRICK LAWSON

FACES OF HIV

"Before I leave here" Living With HIV as a Woman of Color

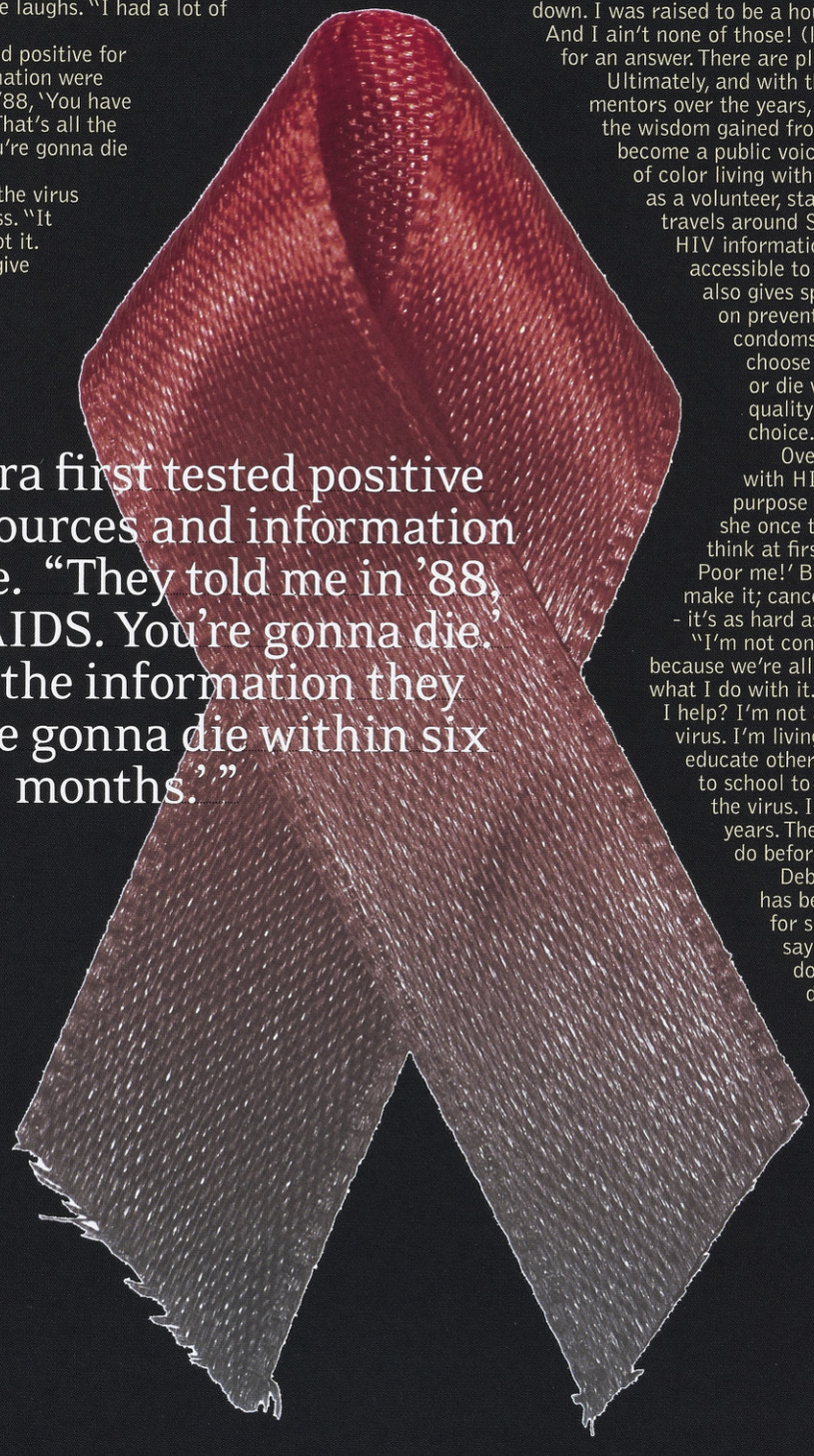
By Julia Day

Debra E. feels lucky to have arthritis and is proud to have it published that she is 52 years old. That's because she has been living with HIV since 1988 and feels blessed to be alive.

Debra doesn't know how she contracted HIV. In those days, she was addicted to drugs and involved in off and on prostitution. When she first heard about AIDS, she thought, "It only concerned white gay men. And you had to be in San Francisco to get it and I was in Monterrey so I was far enough away, it didn't matter," she laughs. "I had a lot of myths!"

When Debra first tested positive for HIV, resources and information were scarce. "They told me in '88, 'You have AIDS. You're gonna die.' That's all the information they had. 'You're gonna die within six months.' "

Coming to terms with the virus was a decades long process. "It took me 17 years to accept it. I was doing a training to give HIV tests and we had to do role plays. Someone was pretending like they were telling me I was positive. When they said it – 'You're positive' – suddenly it hit me and I broke down and cried—finally."



When Debra first tested positive for HIV, resources and information were scarce. "They told me in '88, 'You have AIDS. You're gonna die.' That's all the information they had. 'You're gonna die within six months.' "

For Debra, it wasn't easy getting help. As an HIV-positive, black female with a drug addiction, Debra found herself at the intersection of multiple forms of discrimination; you can imagine that help and resources weren't exactly falling into her lap.

Debra's own story reflects many of the challenges that she believes are faced by other HIV+ women of color. "It's a lonely life sometimes. When I started going to CARES, I was one of the first black females they had there. That was scary. Being the only user and black female in my support group, I couldn't relate."

Debra says many AIDS services are geared towards men, especially given the initial concept of AIDS as a gay white male disease. Her advice for HIV+ women? "Do your research. Don't just take no for an answer. A lot of women do that. I was one of those black women who always had my eyes cast down. I was raised to be a housewife or a secretary. And I ain't none of those! (laughs) Don't accept no for an answer. There are places that will help."

Ultimately, and with the support of countless mentors over the years, Debra decided to use the wisdom gained from her challenges and become a public voice for other women of color living with the virus. She works as a volunteer, staffing a van that travels around Sacramento, making HIV information more readily accessible to the community. She also gives speaking engagements on prevention and passes out condoms to parolees. "You can choose to live with this virus or die with this virus. The quality of life you have is your choice."

Over the years of living with HIV, Debra has found purpose and meaning for a life she once thought was cursed. "I think at first I thought, 'Why me? Poor me!' But life is as hard as you make it; cancer, HIV/AIDS, diabetes - it's as hard as you make it."

"I'm not considering it a bad thing because we're all gonna die. But it's what I do with it. How many people can I help? I'm not a sad person with this virus. I'm living productive. I can educate other people. I am going to school to counsel people with the virus. I was an addict for 30 years. There are things I need to do before I leave here."

Debra isn't sure why she has been able to stay healthy for so long. Shrugging, she says, "I love to eat and don't like to exercise! I don't know why. Just to give information I guess. I thank God I was able to get information over the years, and I think the most important thing I can do is pass on information to others. In my head I was alone for a long time and you don't have to be that way."

WHY DO DAVE NAVARRO AND CARMEN ELECTRA WEAR THE BRACELET?

© 2006 Until There's A Cure Foundation Photo: Michael Collopy

They wear it to raise desperately needed funds for HIV/AIDS care services, education and vaccine development. Over half a million people have chosen to wear The Bracelet. What about you? Available at: The Body Shop; Kenneth Cole; Virgin Megastore; Ben Bridge Jewelers and other fine retailers. Or to order call 1-800-88-UNTIL or visit us at WWW.UNTIL.ORG.

until THERE'S A CURE

"BEING A REAGAN BABY, I'VE NEVER KNOWN WHAT IT IS LIKE TO HAVE SEX WITHOUT THE THOUGHT OF HIV LOOMING OVER MY HEAD. SO MANY TIMES I HAVE BEEN ANGRY FOR NOT KNOWING WHAT SEX FELT LIKE WITHOUT A CONDOM. THE FREE, EXPLORATORY SPIRIT OF SEX THAT I HAVE ALWAYS DESIRED TO EXPRESS FEELS CAGED SOMETIMES; REIGNED BACK BY THE REALITY OF RISK INVOLVED. WHAT HAS BECOME EVIDENT TO ME IS: IGNORANCE=FEAR. EDUCATION & AWARENESS=FREEDOM" —LEVI KREIS, SINGER

25

COMPILED BY SONJA COX, HIV|AIDS EDITOR

1981

Long before AIDS had a name, before the nation's physicians understood it, before state or federal funding was available to fight it, gay men were dying from it—and apparently had been since the 1970s. They were suffering from colds that soon turned into something much worse, and strange purple lesions on and in their bodies, targeting them with unprecedented mean-spirited hostility, and killing them usually within a year or two. A rare aggressive pneumonia, a strange wasting syndrome, and a "gay cancer" were killing men in Los Angeles, San Francisco, and New York. The illnesses are declared an epidemic by the Centers for Disease Control in June 1981, and are brought to national attention in a New York Times story entitled "Rare cancer seen in 41 homosexuals." Pneumocystis carinii pneumonia (PCP) and Kaposi's sarcoma (KS) swiftly become the leading killers of thousands. Hospitalized Californians also show evidence of CMV (cytomegalovirus) and candidal (thrush/fungal) infection. The initial possible cause is thought to be poppers or an unknown infection.

1982

The disease is initially referred to as GRID, "Gay-related immune deficiency," but the CDC later in the year identifies other risk factors besides male homosexuality, adding IV drug abuse, being of Haitian origin, and having hemophilia. The Kaposi's Sarcoma Research Foundation (later called the San Francisco AIDS Foundation) opens in that city to provide information to terrified citizens and assure that they're getting appropriate medical attention. The National Institute of Health rejects a proposal to study whether or not women can get AIDS. President Ronald Reagan's press secretary jokes about the "gay plague" at an October press conference. The first federal funds to fight the disease are allocated ($5 million). CDC establishes the terms Acquired Immune Deficiency Syndrome and AIDS-Related Complex, and categorizes a listing of diseases and illnesses that define the diagnosis given. An ARC diagnosis resulted from certain problems, such as thrush, in combination with any of the four risk factors. A person was diagnosed with "full-blown" AIDS if he had at least two "opportunistic infections" on the list. But hundreds were dying of infections not yet listed – and none of the diseases impacting women were included. People with unlisted illnesses often had difficulty getting funding assistance for needed meds because they had no official AIDS diagnosis. So even as casualties began to be counted, it was already too late to ever know the true toll. [First CDC count for 1981-82: 1118 US cases; 312 California cases; 293 California deaths]

1983

CDC adds female partners of men with AIDS as a fifth risk category. The first AIDS candlelight vigil takes place in New York City. A report on AIDS erroneously feeds fears of casual transmission, and results in hospital workers, and even some San Francisco bus drivers, wearing face masks and other protective clothing. Fast educational information is begun. Based on predictions from San Francisco officials that the number of cases could double every six months, the Sacramento AIDS/KS Foundation is opened in April by a handful of local activists, and physicians Elizabeth Harrison, Harvey Thompson, and Sandy Pomerantz. SAF's first 12 Hand-to-Hand volunteers complete 40 hours of training , and are matched to people with AIDS or their loved ones—their goal, at a time when families often shunned their sick loved ones, was that never will anyone in Sacramento die alone. Along with Drs. Thompson and Pomerantz, local physician Neil Flynn establishes the U.C. Davis AIDS and Related Disorders Clinic, and through the years becomes one of the world's leading AIDS experts, while still attending to local clients and fighting for the legalization of compassionate-use medicinal marijuana and clean-needle exchange. By the end of the year, government officials issue recommendations to avoid transmission thru sexual contact and blood transfusions, but no recall is recommended. Many blood banks act quickly to screen out new "potentially infected" donors, but by this time, nearly 12,000 Americans have already been infected through surgery transfusions. In addition, between 70 and 90 percent of Americans with hemophilia have become infected, and about 20 percent of them have passed the virus to their wives. It's not until 1985 that a national policy is forthcoming to screen all donors. California's Dept of Health Services begins developing AIDS programs. A major outbreak of AIDS is discovered in central Africa, the beginning of devastation for that country. New US cases jump from 853 during 1982 to 2304 during 1983.

1984

Over 1400 new California cases this year, 4250 new US cases. French scientist Luc Montagnier isolates the virus causing AIDS, calling it LAV (Lymphadenopathy-associated virus). Soon after, American researcher Robert Gallo isolates a virus, and calls it HTVL-III. The CDC suggests reducing the sharing of needles to prevent transmission. Condoms are shown to prevent the spread of the disease. The "east 8" wing at the U.C. Davis Med Center is filled to capacity with those fighting and dying from AIDS. At a time when the Med Center charges a daily fee for use of a television, Sacramento's Godfathers Fund vows to conduct as many fund raisers as necessary to assure that every person who is admitted to the AIDS ward has free use of a TV during their stay. They and others throughout the community also contribute time and funding to local AIDS hospice Hope House. [2424 California cases diagnosed; 1147 deaths to date]

1985

Government officials issue information about mother-to-child transmission. The first AIDS testing kit (the ELISA enzyme-linked test), requiring a ten-day wait, is approved, and all blood banks begin screening for HIV and rejecting gay donors. The military institutes mandatory testing for enlisted people and new recruits, and those who are positive are rejected. With the American death toll at 16,000, Ronald Reagan finally says the word "AIDS" five years into his presidency—often described as a shameful abdication of leadership in the AIDS fight. Popular movie star Rock Hudson travels to France to treat his infection, but dies later in the year. An Indiana teen, Ryan White, a hemophiliac who had received an infected blood transfusion, is barred from school. He aggressively starts a national campaign against AIDS discrimination. The first AIDS conference is held in Atlanta, home of the Centers for Disease Control.

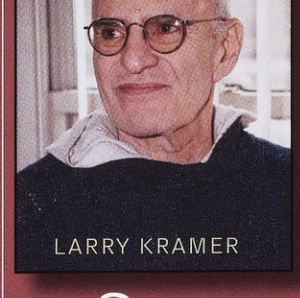
1986

Distribution of clean syringes for IV drug users who share needles begins in two New England cities. Surgeon General C. Everett Koop calls for AIDS education and condom use. The Reagan administration urges Americans not to panic, because the disease appears to be confined to gays and drug users. California's Dept of Health Services formally designates the State Office of AIDS, which provides a solid source of information, tracking, and coordination throughout the epidemic. An international committee determines that LAV and HTVL are the same. Both names are dropped, and replaced by the term Human Immunodeficiency Virus (HIV). AIDS Foundation co-founder Dr. Harvey Thompson dies. [9077 California cases; 5290 deaths; total US deaths 16,301]

CONTINUED ...

***CASES AND DEATHS STATISTICS COURTESY OF STATE OFFICE OF AIDS.**

"THOSE OF US WHO ATTENDED SO MANY FUNERALS BACK IN THE EIGHTIES AND EARLY NINETIES REMEMBER THE EPIDEMIC WITH PAIN AND LONGING FOR THE LIVES THAT WERE CUT SHORT, THE TALENTED MEN WHO HAD SO MUCH TO GIVE, THE ACTIVISTS WHO CHANGED THE WORLD. I REMEMBER THE MEN, BARELY SCARECROWS, WHO MARCHED WITH THEIR FINAL BREATH SO THAT WE TODAY COULD LIVE IN SPITE OF THE DISEASE." —MICHAEL R. GORMAN, AUTHOR & ACTIVIST



LARRY KRAMER

1987

The Food & Drug Administration approves AZT as the first anti-retroviral drug. It was originally taken precisely at 4-hour intervals, with pill-box beepers going off continually even in public places. Years later, it was determined that sleep was more important, and that the dosage given was much too high and extremely toxic. All other potential drugs are in the government's years-long testing stage. Thousands of Americans, with a variety of diseases, are alive today because of early AIDS activists, especially from ACT-UP (founded in 1987 by Larry Kramer), who shouted down government rules and demanded that the drug approval process be fast-tracked. ADAP (the AIDS Drug Assistance Program) is established to assist under-insured and uninsured people obtain medications. "And the Band Played On," Randy Shilts' history of the early years of the epidemic, is published. Entertainer Liberace dies, as do designers Perry Ellis and Will Smith. The U.S. adds HIV to the immigration-exclusion list and all applicants must be tested. Congress adopts the (Jesse) Helms Amendment, which bans the use of federal funds for AIDS education materials that appear to "promote or encourage" homosexual activities. The amendment stands for six years before it is declared unconstitutional. Cleve Jones creates the NAMES Project AIDS Memorial Quilt. Over the summer, 50 Memorial Quilt panels are made in the Lambda Community Center for Sacramentans, to be sent with Cleve Jones to D.C. for the nation's first Quilt display on the Ellipse, at the door of the White House, in October. On the panel made for local chef Herb Finger, his partner writes the words "Ronald Reagan, his blood is on your hands."

1988

As virtually every reference to AIDS describes it as inevitably fatal, and fearing that frightened people could interpret that message as a self-fulfilling prophesy, Project Inform in San Francisco and other skeptical and opinionated AIDS experts push to have HIV disease looked upon as a manageable long-term chronic illness. The government sends a brochure called "Understanding AIDS" to every household in the country, and allows unapproved drugs to be imported for people with HIV and AIDS. Untold thousands of dollars begin to be unnecessarily spent in health food stores, on unscrupulous internet sites, and for self-help books and workshops as rumors abound on how to stay healthy longer. The World Health Organization recognizes the first "World AIDS Day." [21,582 California cases; 12,311 deaths]

1989

Over 8200 new cases in the state this year. Major protests against government inaction continue to take place across the country, with ACT-UP taking a leading role. Congress creates a National Commission on AIDS as the number of cases in this country reaches 100,000. Choreographer Alvin Ailey and photographer Robert Mapplethorpe die of the disease. Four more drugs are approved by the FDA to fight opportunistic infections. New outpatient clinic CARES is established in partnership with Sacramento's four hospital systems. It soon becomes a leading provider of medical, educational, case management, and other HIV services in the region for clients, a training ground for newly graduated physicians, and a research and trials facility in partnership with Dr. Flynn's University AIDS clinic. The Lambda Community Center begins publication of the Positive Social Support Newsletter (PSSN) to get accurate HIV information to Sacramentans as quickly as possible. It publishes until 1993. Local residents David Austin and his partner David Bernt coordinate with the Lambda Center to hold the city's first annual AIDS Walk (10 kilometers)—asking pledges of at least $2 per kilometer, seeking corporate sponsorships, and requesting donations of water or logo-buttons from local companies. New US cases jump from 4855 in 1988 to 14,544 this year.

1990

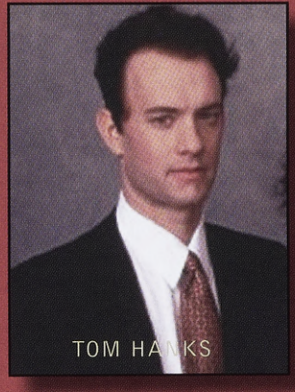
The documentary "Common Threads" wins Academy Award. Teen Ryan White dies at age 18, and Congress passes legislation, to be called the Ryan White Care Act, to provide annual funds to states (initially the 16 hardest-hit states) for treatment services. The Americans with Disabilities Act adds people with HIV and AIDS to list of those who may not be discriminated against when seeking employment, housing, or other government services. Artist Keith Haring dies. Fashion designer Halston dies. Kimberly Bergalis creates a national scare after claiming she was infected in her Florida dentist's office. She dies within a year, with the source of her infection still in doubt. Insurance companies win suit to test applicants for HIV. The Sacramento AIDS Foundation is seeing over 850 clients at different ranges of HIV and AIDS, about 200 of them needing home health services, and estimating local undiagnosed HIV cases in the area at about 2000 cases. [38,765 California cases; 23,528 deaths]

1991

Nearly 11,000 new California cases this year. The red ribbon becomes the symbol of AIDS. Magic Johnson retires from basketball after announcing he's positive. Rocker Freddy Mercury dies. The Lambda AIDS Project begins operation in Sacramento, a godsend to over 250 clients who need assistance with bills, counseling, food and clothing.

1992

Mary Fisher, daughter of a wealthy fund raiser for the Republican party, gives an attention-getting speech at the Party Convention nominating George Bush Sr., announcing she's positive with the virus, and giving listeners nationwide a new perspective, with the message "I am one with the Black infant in Philadelphia; I am one with the lonely gay man sheltering a flickering candle from the cold wind of his family's rejection." Bill Clinton is elected on a platform of fighting AIDS, funding the Ryan White Act, increasing research, and appointing an "AIDS czar" to oversee programs. AIDS is now the main cause of death for American men ages 25-44. Tennis great Arthur Ashe announces he's positive. [61,951 California cases, including 12,224 new cases this year, the epidemic's highest single-year increase; 37,387 deaths to date]



TOM HANKS

1993

The Hemophilia Foundation reports that approximately 23 percent of their 10,000 clients who contracted HIV more than ten years ago had progressed to AIDS. They say that since 1991, they have had no cases of HIV transmission among those who use heat-treated, donor-screened blood products. Sacramento begins its own Chapter of the AIDS Memorial Quilt, coordinating the submission of nearly a hundred panels thru the years, until it closes in 2000. Tom Hanks wins Oscar for his role in "Philadelphia." "Angels in America" wins a Pulitzer Prize and a Tony Award. CDC expands the definition of AIDS to include problems being experienced by women and serious illnesses not already on the opportunistic infections list. The new definition also includes a CD4 count of less than 200 as an indicator of an AIDS diagnosis. (Even if the T-cell count goes back up later, the "AIDS" diagnosis stands.) Wimbledon champ Arthur Ashe dies. Ballet great Rudolph Nureyev dies. AIDS Foundation co-founder Dr. Sandy Pomerantz dies, as well as 7533 other Californians during the year. New US cases jump from 23,400 in 1992 to 41,920 this year.

1994

The government recommends the use of AZT by pregnant women to reduce transmission of HIV in utero. The first non-blood based HIV test is approved. Elizabeth Glaser, wife of Starsky & Hutch TV star Paul Michael Glaser, dies. She founded the Pediatric AIDS Foundation after she received a tainted blood transfusion and transmitted the virus to two of her infants, one of whom died prior to her death. CDC reports that new cases among heterosexuals rose last year by 130 percent, while cases among gay men rose 87 percent. Randy Shilts, author of "And the Band Played On," dies at his ranch in Guerneville. Olympic skater John Curry dies. Actor Dack Rambo dies. Treatment moves to combination therapy and individualized treatment plans for people with AIDS and HIV. [The state's toll reaches its highest single-year loss during epidemic—7949 deaths. California's loss so far—52,870]

1995

Food & Drug Administration approves Saquinivir, part of a new class of drugs – protease inhibitors – given to people in combination with other meds that have come on the market. The arrival of the PI's, reverse-transcriptase inhibitors, fusion inhibitors, and a host of other successful treatments makes a profound difference in the treatment plans and longevity of thousands of

"LAMBDA PLAYERS HAS MANY ACTORS AND STAGEHANDS WITH HIV AND IT HAS NEVER BEEN AN ISSUE. I'VE SEEN SHOWS REACH NEW HEIGHTS WHEN THE CAST KNOWS THEY ARE DEALING WITH A TOPIC THAT HAS PERSONALLY AFFECTED ONE OF THEM. A NON-GLBT THEATRE I AM CLOSE WITH IN CHICAGO RECENTLY HAD AN ACTOR DROP OUT BECAUSE HE WAS REQUIRED TO KISS AN ACTOR WHO WAS HIV+. IGNORANCE AND BIGOTRY IS STILL AT LARGE OUTSIDE OF THE GLBT COMMUNITY." —BRIAN JUDD, FILM REVIEWER

people with HIV disease. President Clinton hosts the first White House AIDS Conference. Olympic diver Greg Louganis announces he's positive. Known deaths in US hits highest one-year total—48,371. [93,327 California cases; 60,459 deaths to date]

1996

The number of new HIV cases in the United States declines for the first time, but AIDS is still the main cause of death for African Americans ages 25-44. FDA approves the first home-test kit as well as an HIV urine test. FDA approves the viral load test, and treatment plans become less dependent on counting T-cells. Former heavyweight boxer Tommy Morrison announces he's HIV positive. Researchers discover a type of herpes virus to be responsible for Kaposi's sarcoma. California records its 100,000th case of AIDS. Voters pass initiative to provide compassionate use of medicinal marijuana to those with AIDS, cancer, and other illnesses that cause nausea or loss of appetite.

1997

Over 5900 new cases in the state this year. Thanks to combination drug therapy, AIDS deaths in California fall from a staggering 7949 during 1994, to 2567 in 1997. The drugs are working. Throughout the rest of the world, however, especially in poorer countries, it's estimated that more than 30 million people are living with and dying from AIDS. President Clinton calls for an AIDS vaccine to be developed within the next 10 years.

1998

The first large human trials for a vaccine begin. Therapeutic vaccines begin tests to halt progression of the virus in people already infected. A few preventative vaccines also begin tests in HIV-negative people. Preventative vaccines are made from man-made materials that cannot cause HIV infection. Volunteers are given an ID card to confirm trial participation because they may test positive, and could experience problems obtaining insurance, donating blood, etc. About nine percent of the state's 5081 new cases this year are from heterosexual contact. Governor Pete Wilson vetoes HIV name reporting. The Lambda AIDS Project closes due to funding cuts. [111,864 California cases; 70,359 California deaths to date]

1999

Researchers say they've verified the long-held theory that AIDS came from chimpanzees in Africa. The Hispanic Caucus looks at the impact of HIV and AIDS on the Latino community. Hundreds of donations through the years from local business and bar owners and community citizens who support and sponsor local fund raisers continue to supplement the huge costs of the epidemic. The Sacramento AIDS Foundation closes after more than a decade of providing excellent service to hundreds of clients and their families. Heavily dependent upon grants, donations, and bequeaths, as well as government funding, the agency in its last six years of existence incurs mountains of debt and spending problems. It finally transfers its clients to the service providers at Breaking Barriers and CARES, with those needing housing assistance seeking out the AIDS Housing Alliance or Avalon hospice, and children being tended to by Sunburst Projects.

2000

More than 46,700 are currently living with AIDS in California. President Clinton issues an order to assist developing nations massively impacted by the epidemic to produce or import generic versions of HIV meds. More than 36 million people worldwide are infected, with more than 16,000 new infections every day. As the century turns, more than 700,000 Americans have been diagnosed with AIDS over the years, and more than 450,000 have died. But many thousands are thriving on the new combination treatments now available. The community of Sacramentans impacted by the epidemic fills the U.C. Med Center's auditorium, hungry for the information-sharing Firing Line talks by the area's expert physicians upon their return from every world AIDS conference. The United States and the United Nations declare AIDS to be a matter of national security. [121,059 California cases; 74,295 deaths]

2001

Pharmaceutical companies producing AIDS drugs offer to provide generic or discounted treatments to impoverished third-world countries. A study shows that 14 percent of people testing positive are already resistant to at least one anti-viral drug. Many large cities see a dramatic increase in cases of syphilis. Despite logic and recommendations from his own Surgeon General, President Bush begins pushing his abstinence-only program, and starts tying receipt of federal HIV-prevention funds to this stance.

2002

President Bush removes the "Condom Fact Sheet" from the CDC web site. After protests, rewritten info downplaying their effectiveness is eventually reposted to the site. FDA approves the OraQuick "finger prick" rapid HIV test, but it encounters problems in 2005 with false-positives. Many testing sites stop using it, but the government declines to pull it off the market. World AIDS leaders report that about half of all adults living with AIDS or HIV are women. In response to reports that about one-third of HIV positive men also have Hepatitis C, testing for that disease is increased.

2003

The William J. Clinton Foundation, begun after President Clinton left office to benefit developing nations, proves highly successful in obtaining price reductions from generic drug manufacturers. Bill Gates continues to donate billions of dollars to fight AIDS globally. President Bush announces a five-year $15-billion plan to fight HIV, tuberculosis, and malaria worldwide.

2004

Within weeks of the announcement by a leading maker of adult films that he would not use any actors involved in bare-backing films, two of his performers test positive. Over 50 men and women who'd had sex with them or their partners are "quarantined" for 60 days until completely cleared by HIV tests. Eventually, five test positive. FDA approves the rapid oral HIV test that can give results in 20 minutes. The State Office of AIDS and the city's HIV Planning Council actively participate through public forums with the community of people impacted by the epidemic to obtain feedback on use of Ryan White dollars and other issues affecting them. California's Governor signs legislation to allow pharmacists to sell clean-needle syringes without a prescription. FDA approves Sculptra to treat loss of facial fat caused by some AIDS medications. Busloads of activists from throughout the state loudly protest the governor's proposed cut in ADAP funds that would deny meds to 1000 Californians. As a result of extensive protests, ADAP is fully funded, and harmful enrollment caps are rejected by the legislature. More than 29,000 Californians currently rely on benefits from this program. [137,441 California cases diagnosed; 80,718 California deaths to date]

2005

California deaths drop from a high of 7949 during 1994, to 1059 during the year 2005. Nelson Mandela announces the death of his son from AIDS, and later discloses that other family members have been infected as well. FDA approves the first drug regimen manufactured by a non-U.S. generic pharmaceutical company. Despite scientific evidence to the contrary, President Bush continues to insist on listing marijuana as a Schedule-1 drug, in the same category with heroin, that has "no acceptable medical value," and continually sends federal agents to shut down California dispensaries, overriding the wishes of citizens (in 35 states) who have voted for reform.

2006

Sacramento's Center for Complementary Care, provider of discounted massages and acupuncture, closes its doors due to federal funding cuts. The state begins tracking HIV cases by name. It has long tracked AIDS cases by name without compromised confidentiality. For the first time in six years, President Bush's proposed budget includes a large HIV and AIDS treatment and prevention initiative that would provide additional millions in new domestic funding for numerous AIDS programs, including funding to assist states with their ADAP (drug assistance) waiting lists. More than 58,000 Californians are currently living with AIDS, 41,000 living with HIV disease. Twenty five years of AIDS. More than 40 million worldwide living with the disease, 25 million deaths. In this country 944,000 cases of AIDS have resulted in 529,000 deaths. In California 140,435 AIDS cases (thru March '06) have resulted in 81,860 deaths. In Sacramento, 3380 AIDS cases have seen over 1960 deaths. May the Lord hold them gently in the palm of His hand.

WHAT IS THE PRIMARY GOAL OF GRS?
The primary goal of GRS is to reduce health disparities within local underserved communities through the provision of evidenced based community health interventions.

WHAT SERVICES DOES GRS OFFER?
GRS currently provides free HIV risk reduction workshops to local African American same gender loving men and youth, free confidential HIV antibody testing, online HIV prevention counseling, and street outreach.

HOW MANY CLIENTS DOES GRS SERVE ANNUALLY?
GRS serves over 500 community members annually.

IS THE BELIEF THAT AIDS IS A "WHITE, GAY" DISEASE STILL PREVALENT?
It depends on what community you ask. The heterosexual community still believes it to be a gay disease. This is primarily because most HIV risk reduction campaigns target the gay community. If you ask the gay community, it will tell you it's predominately a gay male disease. This is because of the number of gay friends, partners and colleagues they have who have passed away or are living with HIV/AIDS. If you ask community health providers, epidemiology tells them that HIV is disproportionately impacting young urban African American gay men and African American females. If you ask me, I'd tell you it's not who you are but what you do that puts all people at risk for HIV.

DOES THE COMMUNITY SUPPORT GRS AS WELL AS IT SHOULD?
Due to the high cost of living and competing causes, it is hard for many people to support community based organizations or to choose which one to support. Also lending support is such a voluntary act. Sometimes people become fatigued with giving due to so many community health issues that need support. However, I do feel sometimes that because GRS is a smaller, relatively newer nonprofit organization we are at a disadvantage. Other community based organizations have more support, visibility and resources. If GRS had more resources it could definitely serve more community members and move its mission forward a lot faster.

1 ON 1: GOLDEN RULE SERVICES

10TH ANNUAL ART FOR AIDS

The UCSF AIDS Health Project (AHP) today announced that the 10th annual Art for AIDS, an art auction to benefit the AHP, will take place at San Francisco's leading auction house, Bonhams & Butterfields, on Aug. 4. Unifying emerging and established artists, galleries and collectors, Art for AIDS brings the San Francisco art community together to support Bay Area residents living with HIV / AIDS.

Art for AIDS originated ten years ago when a handful of local artists got together in a Noe Valley kitchen and decided to sell their art to help friends living with HIV/AIDS. Since then, Art for AIDS has consistently attracted renowned artists such as Richard Avedon, Annie Leibowitz, Frank Lobdell, Jay DeFeo, Rex Ray and Deborah Oropallo, along with works from prominent galleries including; Hackett-Freedman Gallery, ArtHaus, Micaela Gallery, Braunstein/Quay Gallery, Brian Gross Fine Art, California Modern Gallery and Robert Koch Gallery.

With more than 151,000 Californians currently infected, and 14,000 of these specifically living in San Francisco, AHP mental health services play a vital role in the lives of countless San Franciscans.* The AIDS Health Project helps people face the emotional, psychological and social challenges of HIV and AIDS. Programs include HIV counseling and testing, support groups, community education and HIV prevention workshops, crisis intervention, substance abuse treatment, research, publications, and training for health care professionals.

The auction itself is closely vetted and carefully selected. This year's jury is comprised of a number of renowned critics including DeWitt Cheng and Mark Van Proyen, as well as representatives from San Francisco's leading galleries, artists and art patrons. Select pieces from this year's auction will hang on preview at The ArtHaus Gallery, 411 Brannan Street, for the entire month of July, beginning July 5, 2006. ArtHaus Gallery can be reached at (415) 977-0223 and hours are Tuesday-Friday from 11am–6pm.

ARTFORAIDS.ORG/HOME.ASP

Gustavo Ramos Rivera
Year: 1992
Title: The Flame of the Day
Medium: Oil on Paper
Size: 16.5" x 22.5"

"This is not the first time I have contributing and will definitely not be the last. This is a cause that demands everyone's attention and I am happy to do whatever little things I can. We have all lost people we know to this disease, so it's something that concerns everyone. Contributing is the human thing to do."

Rex Ray
Year: 2006
Title: Untitled #2327
Medium: Oil, Acrylic, and Mixed-media on Board
Size: 9" x 10"

"While I think it's important for people to do what they can for their community, my schedule does not always allow me to involved as much as I would like. Art for AIDS provides a forum to not only show my work but also to support a community that is in much need."

Deborah Oropallo
Year: 2005
Title: Waiting
Medium: Acrylic, Pigment Print on Canvas
Size: 23" x 23"

"This annual art auction is an important event that supports a most worthy cause—one that will require all of our ongoing support and visibility until there is an inevitable cure and complete eradication of this disease."

+ IN LOVING MEMORY

1985
Dan Rundle

1987
Jim Ward
Glen Miller
Joseph Runzo

1988
Ken Ross
Albert Frankie Cook

1989
Gary Largent
James Patrick Lawrence
Thomas Williams
William Waller
Schonn Michaels
Marc Ellis

1990
Tim Warford
Larry Miller
David Arlen Lewis

1991
Tim Dollson
Joanne Ruiz
Greg Cheever
Dale Henry

1992
Michael Bryant
Glen Humfleet
Eloy Garcia
John Musgrave
Bart Heck
Craig Mitchell

1993
David Kessner
Joe McDonald
Kirk Rader
Eugene Harvey
Donald Behnken
Duane A. Russell
Joe Pitcher, Jr.

1994
Nikki (Porter) Hiatt-Hamilton
Arlis Zimmerman
Dave Crowley
Guillermo Pena
Dennis Tesch
Rick Toleman
Ricky Watson
Verne Oliver
Letha Knox
Michael Jackson
Roger Harlow
Rubin "Tito" Vigil
Thomas E. Steverson
Steven Mabs

1995
David V. Nystrom
Marcus M.
David C.
Jack R.
Irene B.
Gary Simon

1996
Larry Bell
Bill Spencer
Willie A.
Charles Evans

1997
Bob Griffith

1998
Frank "Cisco" Ortiz
Dore Tanner

1999
Danny Freer (Diamond)
David C. Jay
Joey "Gino" Guerrero

2002
Joe Lopez

2004
Theodore "Theo" Marefos

Year Unknown:
Neal LoMonaco
Curtis Lymas
Tony Martin
Dutch Martin
John Mayfield

In Loving Memory of friends lost last month, May 2006:

Michael J. Bryan

In Loving Memory of friends lost this month, June 2006:
Terry Loeser
Steve Kenworthy

EVERY NOW AND THEN, TAKE A SECOND, BREATHE DEEPLY, AND THINK OF ME.

To add the name of friends, family, or loved ones to MGW's IN LOVING MEMORY column, call (916) 737-0309.

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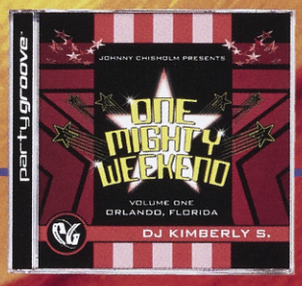

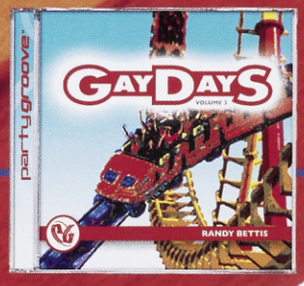

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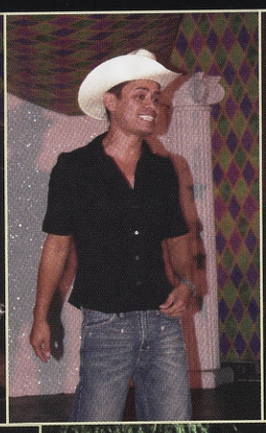
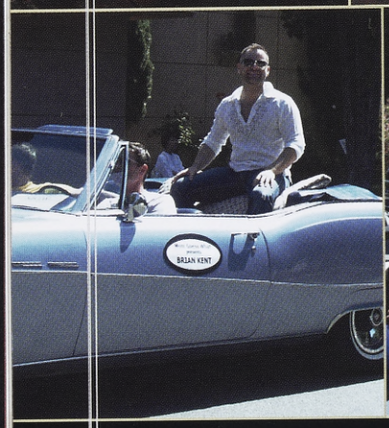
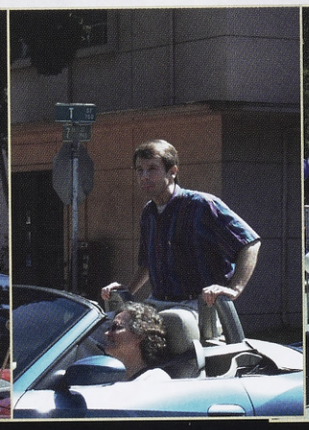
"WHILE I THINK AIDS HELPED POLITICIZE US AND FORCED US TO HAVE TO FIGHT FOR OUR HUMAN RIGHTS, I OFTEN WONDER WHAT LIFE WOULD HAVE BEEN LIKE FOR MY GENERATION OF GAY MEN HAD AIDS NOT HAPPENED: WHAT OLDER GAY MEN WOULD WE HAVE HAD TO LOOK UP TO AS ROLE MODELS? WHAT KIND OF BONDS AND RELATIONSHIPS BETWEEN MEN HAVE I MISSED SEEING? WHAT GREAT ART WAS NEVER MADE?" —ARI GOLD



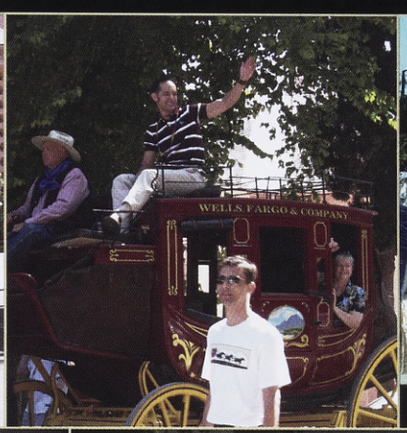




SACRAMENTO PRIDE 2006

PHOTOS BY PETER
RICH JONES, MATTHEW B

"AS A RESULT OF WORKING IN THE HIV/AIDS COMMUNITY I FOUND A GREATER DEPTH TO MY OWN COMPASSION, I DISCOVERED HOW SIMILAR I AM TO OTHERS WHEN THE LABELS WE PLACE ON ONE ANOTHER ARE REMOVED, AND THAT THERE IS NOTHING STRONGER OR MORE COMPELLING THAN THE AUTHENTIC NATURE OF THE HUMAN SPIRIT."
—LESTER NEBLETT, EXECUTIVE DIRECTOR, LAMBDA CENTER



TOS BY PETER JAMES,
ES, MATTHEW BURLINGAME

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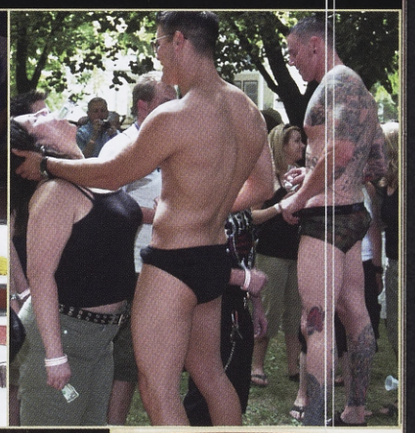
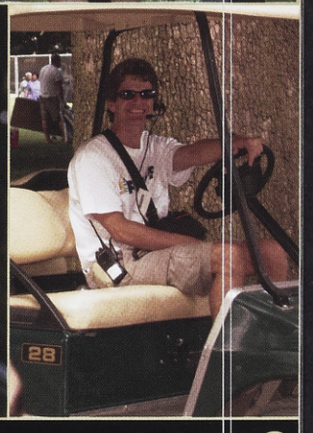




"HIV/AIDS HAS PROFOUNDLY AFFECTED MY LIFE. THE FAR TOO EARLY DEATH OF MANY FRIENDS BOTH PERSONAL AND IN MY VOLUNTEER WORK HAS MADE ME VERY THANKFUL FOR BEING BLESSED WITH GOOD HEALTH. I APPRECIATE MY FAMILY, FRIENDS AND PEOPLE I WORK WITH MUCH MORE LOVE AND GRATITUDE." —RANDY HARTLEY, FOOD CRITIC

BARBECUING.... WITH RANDY HARTLEY

Revered as a gift from the gods over the ages, fire has magical powers. After its leaping flames die down, its embers form an incandescent bed above which foods of almost every description can be grilled or roasted—and in the process become permeated by the delicate but distinctive fragrance of smoke. Depending on taste, the fare can be as plain as hamburgers or as fancy as a butterflied leg of lamb. Achieving predictable delicious results when cooking any food over glowing embers takes time to learn but the effort is well worth it.

I look at cooking on the barbecue as an ancient art. In every part of the world, the outdoors was man's first kitchen and an open fire his first stove; his first cooking method was to lay the food in the smoldering embers or impale it on sticks held over them.

For soldiers and civilians alike, such feasts became more rare as cities grew and Old World cooks took their fires indoors to clay ovens, fireplaces and—eventually—metal stoves. Out door cooking was left to hunters and fishermen, shepherds and adventurers.

In the New World, early explores and settlers rediscovered the rewards of cooking over coals. The Spaniards found the Caribbean Indians cooking their game and fish on green-wood grills called barbacoas, which were suspended above pits heated with wood fires. The colonists of Virginia learned from the Indians to barbecue pigs in a similar manner, and the Pilgrims adopted the New England Indians' technique of baking clams and fish in pits lined with seaweed-covered stones.

Over the years, however, Americans also abandoned the open fire for the convenience of indoor kitchens. Barbecues and clambakes survived chiefly as community festivities, often gargantuan in scale.

Until the 1940's, however, only campers and picnickers regularly paid much attention to outdoor cooking. Then, exuberantly changing their life style, in the late 1940's and 1950's Americans traded their city apartments for suburban houses and turned their new backyards into outdoor living rooms. Cooking and eating alfresco became the vogue. No longer an occasional summer treat, cooking over coals developed into an everyday affair whose popularity has grown over the decades since.

Basically, modern techniques of outdoor cooking mirror ancient practices. Food is still grilled, but on a metal rack instead of a barbacoa, and the fire is contained in a metal bowl or box instead of a pit. Spitting is now done with a metal rod rather that a stick; and electric powered motor keeps the rod turning smoothly. Even the smoking of food, which at one time required building a shed, is accomplished today in a portable cooker.

Because any food cooked over coals is innately rich, experience has proved that the most appropriate beverages to accompany it are simple ones. Red or white wines or beer with its mildly bitter taste is always welcome. And for those who prefer nonalcoholic beverages, iced tea is refreshing and flavorful, particularly if it is laced with slices of lemon or lime and sprigs of fresh mint.

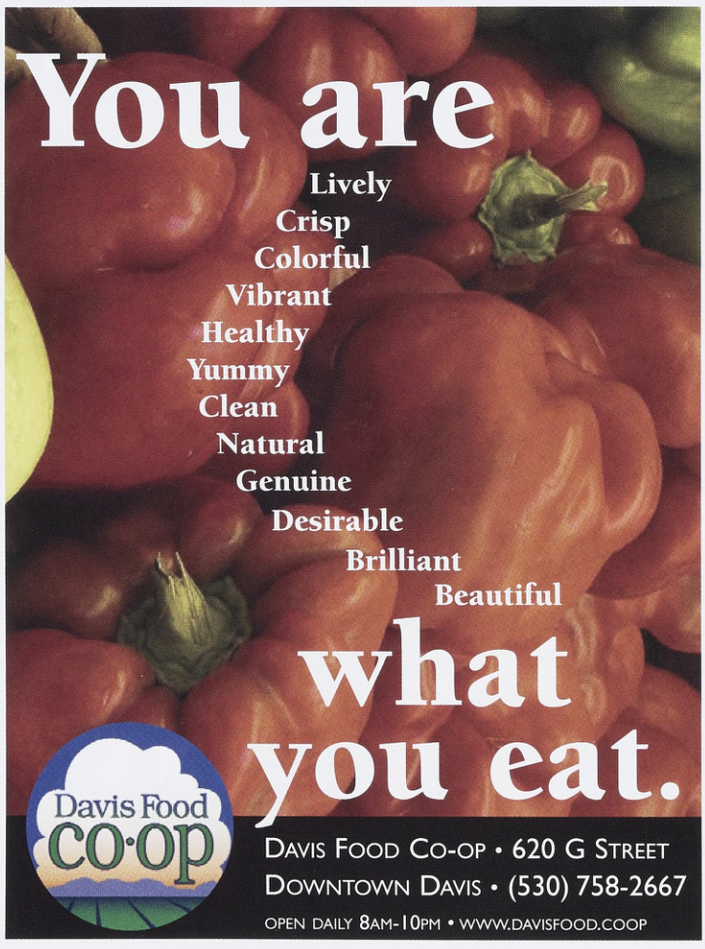
BARBECUING STEAKS

Many people have ask me about my favorite way to barbecue steaks.

First of all purchase your favorite cut of meat, for example a New York strip, filet mignon, T-Bone or Porter House. I like the Porter House because the cut combines the New York strip and filet in one very tasty steak.

Try these two quick and very easy ways of adding flavor to the steak before you put it to the grill. I am suggesting brand names because of my experience with other brands and their overall effect on the flavors I prefer to achieve.

On a large plate or platter cover the bottom with Lea & Perrins Worcestershire sauce, a little Lowry's garlic salt course ground with parsley, a pinch of thyme and a splash of bourbon. Stir the ingredients up and marinate the steaks for 15-30 minutes each side and then grill to the desired doneness.



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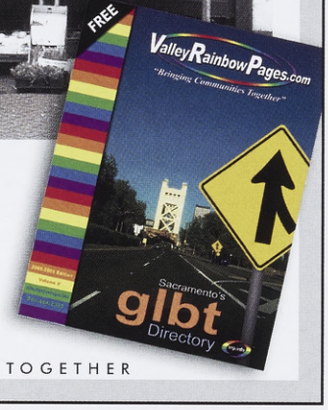

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I KNOW PEOPLE WHO ASSUME I'M HIV+ BECAUSE I'M GAY. IT'S STILL OUR DISEASE. STILL OF BURDEN TO CARRY. IT PRACTICALLY KILLED IT. AIDS WAS THE HATERS ANSWER TO EXTERMINATING US. THEY SAT BACK AND WATCHED AS THIS DISEASE TRIED TO WIPE US OUT. YOU WONDER WHY THIS COUNTRY IS SO GRAY? ALL THE CREATIVITY DIED WITH MY GENERATION. ONLY NOW ARE WE SEEING PROGRESS. WE ARE WHERE WE SHOULD HAVE BEEN IN THE MID-80'S. —TOM SWANNER

SWANNER AND JUDD

TOM SWANNER & BRIAN JUDD

X-MEN III: THE LAST STAND

SWANNER: I love summer movies. Not to say they are all good, but Hollywood thinks they are and that gets me excited. This month Brian and I have seen the "big guns". OK, not *all* the big guns but the ones that are supposed to ignite the box office and surprisingly box office is up. Last month Brian told you all about the awful *Mission Impossible III* so we can step right over that pile of crap and move on to *Poseidon*. For those of you that remember the original *Poseidon Adventure* you'll recall how badly you wanted the characters to survive. Well you don't get that in this remake. It's just action and death. Sure, some of the people make it out—but who cares. Honestly I can't remember who's even in the movie. Between the flash fires and the high-rising waters...I couldn't keep up with the body count. I enjoyed it, but I didn't really "feel" the movie.

JUDD: I thought it was OK, but I was disappointed. In this carnation I wanted Maureen McGovern (played by Fergie from Black Eyed Peas) singing "The Morning After". I wanted a fat, old Shelly Winters (Liza Minnelli, maybe?) swimming through flooded corridors! I wanted a priest to curse God! Instead I got Kurt Russell playing Kurt Russell and Richard Dreyfus playing a recently-single old queen—at least he didn't die in the end; he'll be able to spend the rest of his days bitter and alone.

SWANNER: At least you had someone you could relate to. Next I saw what will be one of the films on my worst picture list: *Art School Confidential*. If you've seen the preview to this you're probably thinking it's a hilarious new sex comedy from the director of *Bad Santa*. It's not. It's not a comedy...really! It's about a poor schmuck who goes to art school hoping to meet hot chicks and ends up being a suspect in a string of serial killings. Lame! I hated it so much I don't even want to talk about it anymore.

JUDD: I'm not recently single—I'm perpetually single, thank you. I didn't see *Art House Confidential,* but I wanted to until you explained it to me. I did see *X-Men 3: The Last Stand*. The Homo Sapiens have discovered a cure for mutants; Magneto declares war (yet again) and it's up to Wolverine, Storm, et al to save the world. I enjoyed the movie for its action and special effects—and you know I'm not the special effects type, but the graphics in this movie were truly spectacular. The story, on the other hand, left me cold for as emotionally charged as it could have been.

SWANNER: I enjoyed the film a lot, but I was a fan of the first two as well. What I like about the story of the X-Men is how it equates to being gay. The mutants have to "come out" to their parents and some mutants can't hide who they are. I loved that the cure for being a mutant is in San Francisco—and when was the last protest in San Francisco that didn't have something to do with being gay? I think gay people will feel something for the characters even if it's subconscious. I also had a good time with *Over The Hedge*. The latest from Dreamworks Animation. The story here is that a group of animals awake from hibernation to find they're home is now part of suburbia. I loved the animals and even though the story isn't engrossing, the characters are and that worked for me.

JUDD: I enjoyed *Over the Hedge*, but the plot was a little flimsy. When you've got cartoons like *Shrek, The Incredibles, Finding Nemo,* etc., the standard has been set really high. A movie can't make it on just computer animation and celebrity voices; the gimmick has worn off. I thought the characters were cute, and of course I loved William Shatner as Ozzie the Opossum, but otherwise it was forgettable.

SWANNER: But I liked the cookie!

JUDD: ...Anyway. We also saw *The Break-Up* starring Jennifer Aniston and the ever-pudgier Vince Vaughn. Every time he's in a new picture he looks like he's packed on 20 pounds. The only time I've seen a man get that fat that fast is when he's dating you. Are you dating Vince Vaughn and not telling me?

SWANNER: I didn't think he looked fat! I thought he looked great. He's really the shining part of the film. I also loved the script, it was very real. The story here of course is that Aniston and Vaughn break up but both still want the condo they bought together. I thought the movie was really good. Did you really think he looked fat?

JUDD: He looked like Elvis in the end! I enjoyed the movie as well. I thought it was one of the most authentic romantic comedies—if it can be called that—to come out of Hollywood. I thought I was going to hate it. It had gone under several re-shoots. It was a rumored disaster. Actually, it was a very funny movie with a believable plot. I'm not sure who the target audience is, though. The ending is not what most people are going to expect.

SWANNER: Finally we saw *The Da Vinci Code,* the "long" awaited film based on the huge bestseller. The story follows an author attempting to find out the truth of Christ's life. Of course, all the evil people are after him like the Vatican, the police and some guy with really interesting fetishes. I thought it was fun as thrillers go. I hope the book was better because if this is it for all the hype...I'd be disappointed.

JUDD: A sadomasochistic albino monk—can it get any better than that? I wonder if he wears black rosary beads and on which side he wears them? I enjoyed *The Da Vinci Code*, though it was too long at 2 hours and 40 minutes. Tom Hanks gave a very subdued performance. I wasn't disappointed in what he did on screen, but I wasn't impressed. Dame Ian McKellen was alright, but again I wasn't impressed. I'm glad I saw it, but at the same time I would never want to see it again—except to see the albino monk whip himself a little more. HOT!

SWANNER

POSEIDON	☆☆
OVER THE HEDGE	☆☆☆1/2
DA VINCI CODE	☆☆1/2
THE BREAK-UP	☆☆☆
X-MEN: THE LAST STAND	☆☆☆1/2
ART SCHOOL CONFIDENTIAL	NONE!

JUDD

POSEIDON	☆☆
OVER THE HEDGE	☆☆1/2
DA VINCI CODE	☆☆
THE BREAK-UP	☆☆☆
X-MEN: THE LAST STAND	☆☆☆

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"AIDS APPEARED JUST AS MY GENERATION ENTERED ADULTHOOD, TAINTING OUR SEXUAL DISCOVERY WITH ANXIETY AND THE SPECTER OF DEATH." —STEFAN GRUENWEDEL

SAN FRANCISCO INTERNATIONAL GLBT FILM FESTIVAL

BY STEFAN GRUENWEDEL

DIRTY AND THIRTY

"XXX" means different things to different people. Something dirty? Someone thirty? (Think like a Roman.) Smack-dab in the middle of Pride Month, the 30th San Francisco International GLBT Film Festival continues its strong annual tradition of bringing the best of queer cinema to large audiences.

The festival runs 11 days from June 15–25, screening 266 films (47 by local filmmakers) from 32 countries in five theaters. As always, this festival showcases films you simply cannot see anywhere else—even on the here! TV cable channel. Escape the hot valley and visit the cool Bay Area to see some challenging, giddy, amazing queer cinema.

Opening the festival is a screwball lesbian comedy, *Puccini for Beginners*, that's full of insights on evolving sexual identities and the quest for love in New York City. On the other side of the aisle is *The Masseur*, an intricately structured meditation about the body in life and death, which divides its attention between a funeral and gay sex without flinching from either.

Closing the festival is *Queens*, a queer screwball comedy from Spain about a mass public wedding staged to celebrate that country's legalization of same-sex marriage.

Gay marriage is just one of several themes permeating the festival this year. Other topics include AIDS, aging, bisexuality, polyamory, drag, drugs, music, dance, parenting, religion, transgender issues, and youth—not to mention the experiences of gays in disparate cultures: Arabic, Asian, Jewish, and so on.

Go West follows the story of two young lovers, a Muslim cellist and a Serbian student, who fight to survive amid the brutal inter-ethnic wars in Bosnia and Herzegovina in the early 1990s.

In *Innocent*, a 17-year-old boy reluctantly immigrates with his parents from Hong Kong to suburban Toronto, where he must adapt to a new country, a new culture, and new surroundings while dealing with his own emerging sexuality.

The Conrad Boys follows the trials of a 19-year-old, straight-laced Chinese-American Jewish boy who dreams of studying in New York but, after the death of his single mother, must "grow up" and raise his nine-year-old brother instead, while juggling the seductions of a mysterious drifter and the sudden appearance of his long-absent father.

Loving Annabelle follows a strong legacy of lesbian schoolgirl films by showing a Catholic boarding school student who meets her match—her new teacher—and tempts her until spring break, when it's just the two of them on campus.

Amnesia: The James Brighton Enigma poses an intriguing question: If you were to wake up with amnesia, would your sexual orientation remain the same?

One Night Stand, the first dyke-and-boi porno ever made in France, is an erotic and gritty romp into the broad universe of queer sexuality.

In *The Sex Movie*, four old friends somewhat reluctantly find themselves in alternating positions of security and discomfort, self-assurance, and uncertainty as they weave their way through issues of sexual preference, gender identity, and body image—amid a barrage of tense, catty, and downright mean behavior.

Fag Hags is just that: a documentary about women who love gay men—illustrating how close relationships and sexuality don't always fit into neat categories.

The Kinsey Sicks: I Wanna Be a Republican portrays a real-life "dragapella" quartet whose shtick is hilarious satire of all things Republican.

Meth takes viewers deep into the crystal methamphetamine experience through interviews with current and former addicts, including some who still lust for the good old, drugged-out days when they were charismatic, irresistible sex machine capable of partying for days on end.

Camp Out combines raging teenage hormones, bonding activities, and words of wisdom from cool camp leaders in a lively, in-your-face documentary about the first overnight Bible Camp for young, gay Christian—or questioning Christians.

In *George Michael: A Different Story,* the extremely private pop star candidly talks about his life and career, leading audiences through his professional and private highs and lows.

Finally, *Cruel and Unusual* is a frank, often unsettling look at the lives of transsexual women in men's prisons.

From sexual romps and porn to documentaries and hot shorts, there's something for you at this year's festival. Check it out.

Info: www.frameline.org

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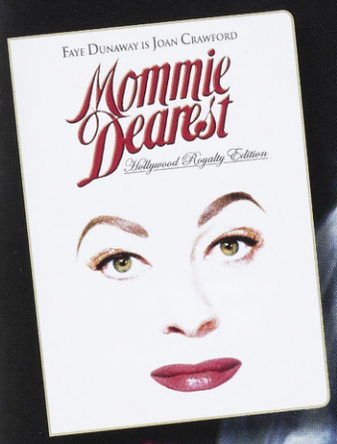
THE DVD shelf



Mommie Dearest: The Hollywood Royalty Edition
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Paramount Home Entertainment

The infamous celebrity biography turned camp classic that simultaneously blew the lid off of one star's carefully crafted persona and sent sales of wire hangers plummeting celebrates its 25th anniversary when *Mommie Dearest: The Hollywood Royalty Edition* arrives on DVD June 2006 from Paramount Home Entertainment. The spectacular 25th Anniversary Special Collector's Edition features Oscar® winner Faye Dunaway's notorious portrayal of legendary, award-winning screen actress Joan Crawford as seen through the eyes of her adopted daughter Christina (Diana Scarwid).

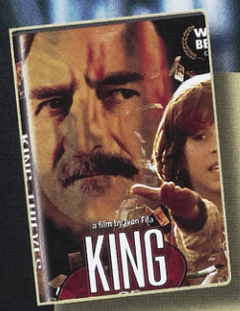
Featuring some of the most often quoted lines in cinema history including "I should have known you'd know where to find the boys and the booze!";"You love it don't you? You love to make me hit you!?"; the classic "Don't fuck with me fellas, this ain't my first time at the rodeo!" and, of course,"No wire hangers *ever*!", *Mommie Dearest* became an immediate cult hit with its over-the-top portrayal of the dichotomy between Crawford's public life and her private demons.

Upon the film's release in 1981, what was intended to be a drama was received as a melodramatic comedy, earning it an honored place in the pantheon of immortal cult classics. In honor of the 25th anniversary of the film, the *Mommie Dearest: The Hollywood Royalty Edition* DVD boasts a closet-full of all-new bonus materials including commentary by famed cult director John Waters (*Hairspray, Serial Mom*) who offers sharp insight into the film and its cultural resonance.

Jargo
$26.95
Picture This! Home Video

With his sixteenth birthday rapidly approaching, handsome, blond Jargo (Constantin von Jascheroff) wants only one thing for his birthday: to become a man. Accustomed to a rather privileged life in Saudi Arabia, Jargo must abruptly relocate to a Berlin housing project after his father (Udo Kier) commits suicide. While struggling to adjust to a new life full of music, raves and girls, Jargo becomes fast friends with Kamil (Oktay Özdemir), a Turkish petty criminal, who tries to teach him how to be cool and assimilate into young German society.

www.picturethisentertainment.com



King of Thieves
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King Of Thieves centers on the charming, 10-year-old Barbu who lives with his family in a Ukrainian village. A promoter named Caruso comes to town, offering to buy children—promising them a future in the West in his traveling circus. Caruso lures Barbu to Berlin. But Barbu is not destined for the circus and is turned over to a gang of thieves who train children to steal and punish those who don't steal enough keep the spoils for themselves. Under such brainwashing, Barbu resolves to become the King of Thieves.

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—BRIAN KENT, SINGER

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DA VINCI VOX
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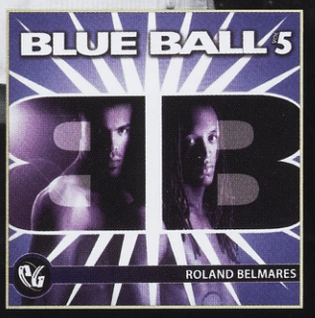
NARADA/EMI

The Hidden Message by Da Vinci Vox is the brainchild of renowned French producer Serge Mazères, who imagined, composed, and directed the project. With performances by well-known international artists wishing to remain in the shadows, the music and accompanying CD book contain clues and hints that unlock the secret code which has been buried for centuries.

DARREN
ANYTHING IS POSSIBLE
SHARK MEAT

Energized and optimistic in nature, DARREN's intensity shines through on his debut solo album as his credits appear as the singer-songwriter-producer-and-engineer with every other title in between. As if he weren't already wearing enough hats, DARREN is a co-founder on his label, Shark Meat Records; a label that believes in the niche artist and capitalizes on the digital music-making era. DARRENmusic.com



DJ ROLAND BELMARES
GLOBAL GROOVE
CENTAUR

It's been 5 years since Blue Ball was first inducted into the Party Groove CD series. The Philadelphia fundraiser is back for a fifth volume. Billboard reporting DJ Roland Belmares, who will make his Blue Ball debut at the Sunday night closing party, has also compiled the new Party Groove: Blue Ball Volume 5 mix, a musical celebration fitting for this new spring release. centaurmusic.com

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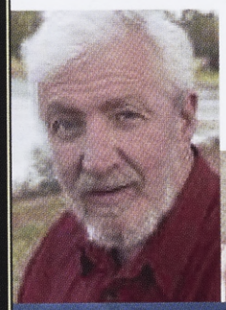

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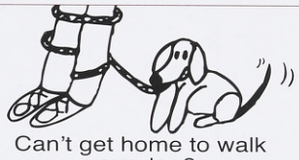
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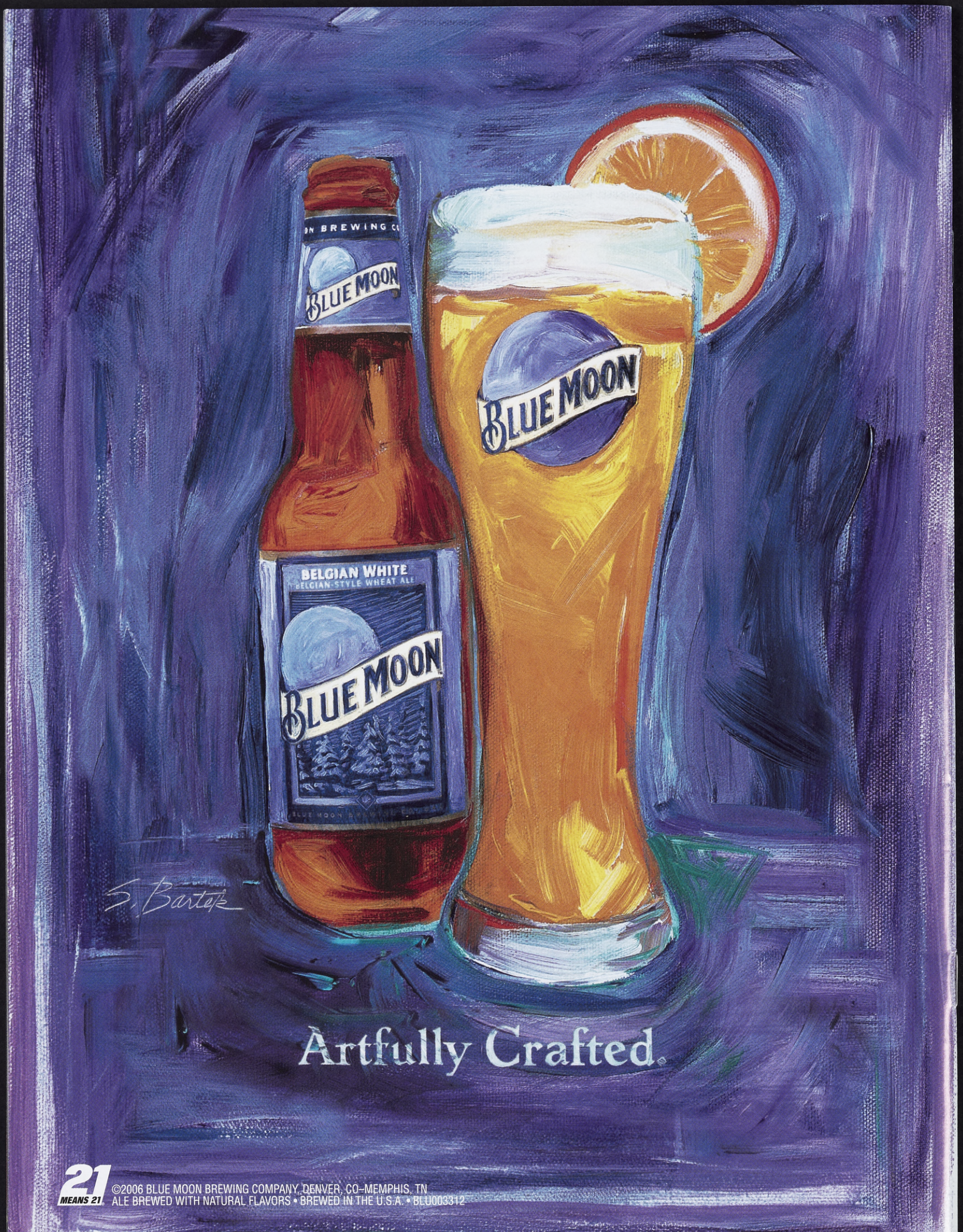

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